



The Irish Association of Suicidology

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THE IRISH ASSOCIATION OF SUICIDOLOGY

A History

DR BREDA FRIEL
PAUL FITZSIMONS



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A History

**DR BRED A FRIEL
PAUL FITZSIMONS**

First Published 2020

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FOREWORD

Dan Neville, President Irish Association of Suicidology.

My three year campaign to decriminalise suicide was finalised by the implementation of the Oireachtas (Parliament) of legislation in 1993. During the campaign, I had the welcome support from colleagues and members of the medical profession. We recognised that decriminalisation of suicide was a first step in dealing with stigma of mental ill-health and suicide. Stigma causes pain and anguish for the bereaved by suicide. Those who attempted suicide were criminalised with no support from society and little from the medical services. It became clear that steps were required to bring about change from the entrenched attitudes, problems and difficulties surrounding completed suicide, suicide prevention and postvention. Following consultation with professionals and those bereaved by suicide, it was clear that there was a need to set up a non-government organisation to respond to this need. It was decided to:

- (a) Consult with organisations involved in other

countries such as the International Association for Suicide Prevention and included also the American Association of Suicidology.

(b) To obtain accurate statistics on the level of suicide and attempted suicide in Ireland.

(c) To set up a national association to raise the need for suicide prevention programmes and to respond to the bereaved by suicide.

(d) To create awareness of suicidal issues in the general population.

(e) To assist organisation to support those who had suicide ideation and those bereaved by suicide

Suicide is as old as the human race. In ancient Greece the bodies of suicide victims were buried outside the city walls, the right hand severed and buried separately. Ancient Roman citizens could get permission from the Senate but slaves and criminals were refused on economic grounds. The traditional Christian approach was very strict. Church authority acted in concert with civil law depriving suicides of dignity in death and relatives of their material resources.

From the time of St Augustine onwards the condemnation of suicide was strengthened and by the start of the 8th century suicide was deemed to be a grave mortal sin. Christian theology on suicide was quickly incorporated in civil legislation and for 1,000 years the families of suicide victims were ostracised and persecuted. This severe approach did not wane until the late 17th Century when many of the legal penalties fell away by default.

Hanging for attempted suicide took place in London up to 1860. In Ireland, victims were denied burial in consecrated ground. The last charge in the Irish Courts of attempted suicide took place in 1967.

Facing the tragic reality of a suicide is enormously difficult and stressful for families, communities and for society. A death by suicide evokes not only the normal emotions associated with bereavement, but also feelings of anger, confusion and the unanswerable question...Why?

In the first half of the nineteen sixties an average of 64 people in Ireland died by suicide annually. In the last five years (to 2019) the average was 429 deaths. In 2019, 141 died by road accidents in Ireland. It is

accepted that there is a measure of under reporting of suicides.

It is clear that suicidal behaviour has a large number of underlying causes which are complex and interact with one another. Identifying these factors and understanding their role in both fatal and non-fatal suicidal behaviour is central to preventing suicide. Factors such as living in poverty, unemployment, loss of loved ones, arguments with family or friends, bullying, a history of physical or sexual abuse in childhood, breakdown in relationships, legal or work related problems are all acknowledged as risk factors to those who are predisposed or otherwise to self-harm. Other factors include alcohol and drug abuse. Psychiatric problems, such as depression and other mood disorders, schizophrenia and a general sense of hopelessness also play a role. Physical illness, particular those that are painful or disabling are also important factors. Having made a previous suicide attempt is a powerful predictor to subsequent suicidal behaviour, particularly in the first 6 months after the first attempt.

Stigma is a pervasive phenomenon. It may be more prevalent in males than in females. Boys may be less in touch with their negative emotional feelings

than girls. They may be less likely to admit the fact to themselves or others. The Irish Association of Suicidology at its foundation identified this and its overall objectives were designed to contribute to removing this. The level of debate, the development of the Non-Government Organisations in the suicide and suicide bereavement sector has contributed to this. The level of discussion of experiences by the numerous prominent people in sport and otherwise is most encouraging and contributes to progress in this area. However, the stigma of mental illness and suicide is still a serious medical, societal and political issue. We must respond to those who are in that difficult place where they feel inhibited in seeking help or revert to self-harming or develop suicidal ideation. The Irish Association of Suicidology was formed at a time when suicide some three years previously was a crime, not an issue for the health services, but for the Department of Justice. Its objectives were dedicated to disseminating information about suicide and suicide prevention so that public opinion responded to the issue in an informed manner and to ensure that it was not ignored by the statutory authorities dealing with health, education and the environment.

The Irish Association of Suicidology and its members

have played a leading role in highlighting this sad tragic issue and focused its attention on raising societal and political awareness of the need to recognise the silent tragedy of each occurrence.

The IAS has contributed from a position where the victims of suicide and attempted suicide were criminalised to an acceptance that it is an issue to be addressed by society and the political system.

As you will see in the body of this publication much was achieved by the Irish Association of Suicidology. There are now numerous successful organisations both voluntary and statutory dealing with all aspects of suicidology. The organisations are available throughout the country at local and national levels doing important work in all aspects from befriending to offering expert counselling and support. Over the years of its existence the IAS has played a very important role in highlighting the issues of suicide and suicide prevention. Its success is measured by the awareness and debate on mental ill-health and suicide and the long journey from the early nineties is over. It was unthinkable at that time the level of debate and pressure for services which now takes place. The openness of many high profile individuals prepared

to openly discuss their experience demonstrates this success. Thankfully in relation to suicide and suicide prevention we are now more open and supportive. Ireland is now in a much better place than when the journey of the IAS began. The journey must continue.

We must not forget that suicide is a tragic act against nature, causes desperate trauma to the bereaved family and community and must never be considered as a solution to any problem in any circumstances.

ACKNOWLEDGEMENTS

The Authors would like to acknowledge everyone who has contributed to this history of the Irish Association of Suicidology.

The generosity of the members of the IAS board and other interviewees is appreciated. People gave their time, sharing recollections and resources, without which the history of this unique organisation could not have been articulated. Interviews provided the authors with the opportunity to document how the IAS shaped the development of suicide prevention policy and practice in Ireland since the organisation's inception in 1996. Particular thanks to:

Dan Neville, President of the IAS

Dr. John Connolly, Secretary of the IAS

Dr. Justin Brophy, Chair of the IAS

Neasa Cummins

Dr Margaret Kelleher

Eileen Williamson

Professor Ella Arensman

Professor Siobhan O'Neill

Elizabeth Shirley

Michael Egan

We would also like to acknowledge the inestimable contribution of the late Dr. Michael Kelleher for his courage, perseverance and vision in this field.

Breda Friel and Paul Fitzsimons

INTRODUCTION

The 15th anniversary of the founding of the Irish Association of Suicidology (IAS) was celebrated in the editorial to volume 7, issue 3 of the IAS Newsletter (autumn 2011). Writing the reflection, Dr John Connolly noted the accomplishments of the IAS since its establishment in 1996. He discussed the contribution of the organisation in areas including research and education, general conferences, and special conferences aimed at teachers and targeting schools-based awareness. The newsletter described a range of publications generated by the IAS, contributions made by the association to the Oireachtas Joint Committee on Health and other public organisations. Dr Connolly referenced the development of media guidelines for reporting on suicide, written in partnership with the Samaritans in 2010 and describes the successful hosting of the International Association for Suicide Prevention (IASP) world congress, as a watershed occasion for the IAS in 2007.

Describing the IAS, a focused, dynamic and restructured organisation in 2011, the editorial

recognised that many of the aims and objectives established in 1996 had already been achieved, and this particular newsletter indicated a significant moment of reflection and consideration of the work completed and achievements from the early beginnings to the 15th anniversary in 2011.

The editorial acknowledged the transformation that had taken place across the landscape of suicide prevention activities in Ireland from 1996- 2011. The National Office for Suicide Prevention (NOSP) had been established in 2005, following the launch of the nation's first suicide prevention strategy Reach Out (2005-2014). The intervening years had witnessed a burgeoning suicide prevention third sector, with estimates calculating the number of Community and Voluntary (C&V) organisations at approximately 350 local, regional and national groups conducting suicide prevention, intervention and postvention activities across Ireland (2011/2012). It was also recognised that there were substantial developments in research about suicide, self-harm and mental health issues, with the outputs providing an evidence base in support of programme development, interventions, policy and practice.

John Connolly noted that an updated vision and mission for the activities and objectives of the IAS had been completed, reviewing achievements to date and looking forward to the future for the organisation.

From 2011-2018 it would have been impossible to predict the internal and external changes that have occurred, a series of events and factors that precipitated a substantial review of the activities of the IAS and led to a transfer of some activities to allied organisations (NSRF) and ending of other programmes. The internal and external events and changes across the suicide prevention landscape triggered and hastened a substantial review of capacity and future of the organisation. In 2018 it was considered opportune to record, review and articulate the narrative, historical account and significant social history that reflects the milestones and achievements of the IAS from its inception in 1996 to 2018 when the primary activities of the organisation were revised and completed.

This study has comprised a detailed literature search and document analysis, including conference proceedings and newsletters, publications, and a substantial back catalogue of documents provided by the IAS. References and materials from other sources were

reviewed, and the examination included internet searches to establish relevant information on themes pertinent to this study. The web-based searches supported the follow up of queries, gaps in information and verification of topics and themes.

Interviews were conducted with primary respondents who have been involved with the IAS from its inception, and in addition those who either fulfilled roles within the organisation from 1996, were committee members, associates and stakeholders who had participated across a range of activities, programmes and conferences held by the organisation. The interviewees were derived from a range of settings including the Task Force (1996-1998), NSRF, Govt., HSE, NOSF, IASP, other C&V groups at local, regional and national levels.

The idea for setting up the IAS was a long time germinating according to its secretary John Connolly in an introductory address at the first Annual Conference in 1996. The history presented in this narrative outlines the context in which the organisation was formed. We pay particular attention to the accomplishments of the founders of the organisation, psychiatrists Dr. Michael J. Kelleher and Dr. John Connolly along

with the then Senator Dan Neville. As founding members, all had either played a role in the campaign for suicide to be decriminalised in Ireland (1993) and/or were involved in the subsequent establishment of the National Task Force on Suicide. The milestones and achievements of the IAS are documented in the following chapters, commencing with the early efforts to document suicide data in Cork, toward decriminalisation in 1993. The steps leading to the formation of the IAS in 1996 are considered and the activities from 1996-2018 are synthesised into a narrative that offers the reader an opportunity to reflect on the activities of this most important organisation.

It is hoped that this report will, in some way, capture the journey of the Association throughout its tenure and capture the remarkable influence of the IAS on suicide prevention activities in Ireland.

CHAPTER 1

Background and context – Suicide in Ireland

In an address to the first Annual conference of the IAS, Brian Howard (Department of Health – Assistant Principal Officer (APO) Mental Health Services), noted that the Suicide rate in Ireland rose from 71 in 1945 to 383 in 1995, an increase of 30 from the previous year.

Historically, in the 1900's, suicide rates in Ireland were considered low but rising significantly throughout that century. In 1954 the CSO reported the average annual suicide rate in Ireland was 89 between 1921 and 1930, 98 between 1931 and 1940, and 77 between 1941 and 1950. These represented in terms of rates per 100,000 3.0, 3.3 and 2.6 respectively. In the '50's the rates were broadly the same. It is interesting to note that suicide rates were thought to have decreased in the periods of the two world wars (1914 – 1918 and 1939 – 1945)

In the 1960's suicide rates in Ireland averaged about

60 annually as discussed by Dan Neville also in an address at 1st Annual conference. The rates in the 1960's may have been higher as it is widely accepted that certain doubt existed regarding the accuracy of the figures. There exists a suspicion that not all deaths by suicide were classified as such, during that time official rates by the Central Statistics Office (CSO) were largely determined by information given to it by coroners. In 1985 a High court ruling overturned a verdict of suicide which was brought at the coroner's court. The judgement stated that:

"The intention behind section 30 of the 1962 Act was that it should not be open to a coroner's jury to bring in a verdict that a named person has unlawfully killed the deceased. By analogy it followed that it was not intended that it would be open to the jury to find that the deceased had brought about his own death by suicide."

[The State (at the prosecution of Mrs. Angela McKeown) v Dr. Thomas E. Scully, Coroner for Co. Louth, High Court 1984 No. 646 SS, (O'Hanlon J) 29 April 1985]

At the time of the High Court ruling, which was

prior to decriminalisation, suicide was unlawful and therefore it was outside the remit of the coroner to bring in such a verdict. The coroner was confined to establishing where the death occurred and the reason for death. As noted by one interviewee, there have since been suggestions that many coroners still refuse to bring in such verdicts even though the act of suicide is no longer considered to be unlawful in the State.

Historically and indeed, at present, a deep level of stigma is attached to the act of suicide and religious sanctions were in place that sometimes resulted in refusal for burial in consecrated ground. At the time, and up to decriminalisation in 1993, the act of suicide was considered a crime in the Republic of Ireland.

Statistics from 1980 to 2001 indicate a suicide rate of 6.4 per 100,000 while the deaths classed as undetermined was at a rate of 2.5 in 1980. By 1996 the official rate was 11.3 while the undetermined figure was down to 0.4 per 100,000. This could be seen to suggest that, although the rate for suicide deaths was undoubtedly rising, the rate for undetermined cause was falling. The factors contributing to this change include the fact that coroners were more open to returning a verdict of death by suicide than previously,

thereby contributing to a change and influence on the official figures.

Statistics covering the period 1974 to 1992, taken from the first annual report of the NSRF in 1995, show the suicide rate in the Republic of Ireland climbing from under 40 per million in 1974 to 100 per million in 1992 as measured by coroner's court verdicts. (See Graph in Appendix 1)

Setting the Scene: Research and Scholarship (1980-1990)

It is evident that research carried out in the period up to 1990 was significant and influential in determining the pathway toward the development and enacting of legislation. Such research is important as it made a significant contribution to the development of psychiatric and mental health services and practice addressing suicide in Ireland, informed decriminalisation and legislation and influenced the development of the statutory and third sectors. Those who contributed to this account reflected on the, sometimes difficult, journey, toward establishing the parameters for addressing the issue of suicide in the country.

Two significant research studies contributed to the extent, knowledge and understanding of self-harm and suicide in Ireland. The first was a study conducted by Dr. Michael Kelleher and Dr. Maura Daly into suicide rates in the Cork region in the period 1980 to 1985. This research was published in the British Journal of Psychiatry in 1990 and titled *Suicide in Cork and Ireland*. Dr. Daly and Dr. Kelleher collaborated on several research papers, publishing with colleagues and psychiatrists nationally and internationally. The result is a catalogue of some 100 publications addressing a range of themes in the subject area of suicide, and this was included as an appendix to the first annual report of the NSRF in 1995.

The second piece of research was conducted by Dr. Peter Kirwan in Limerick, and encompassed the period January to December 1989. Examining psychiatric morbidity in County Limerick, the research was titled *Suicide in a Rural Irish Population* and was published in the Irish Medical Journal .(Ir Med J. 1991 Mar 84(1)).

Decriminalisation

Suicide was decriminalised in 1993 after a lengthy

campaign led by then senator and now retired TD Dan Neville, supported by psychiatrists Dr. Michael Kelleher and Dr. John Connolly along with individuals and groups from within the Oireachtas. The passing of the Criminal Law (Suicide) Act (Irishstatutebook. ie, 1993), which decriminalised suicide and attempted suicide, facilitated efforts to research suicide openly, develop strategies for suicide prevention and lobby for policy.

On July 1st 2018 on the 25th Anniversary of the signing of the Criminal Law (Suicide) Act by then President Mary Robinson a piece provided by Dan Neville appeared in edited form in the Irish Independent which helped to contextualise the background to the signing of that Law. Here following is the piece that Dan provided to the news outlets [along with supporting information in brackets]:

“Suicide and attempted suicide was a crime in Irish law until 1993. The last time a person was charged in our courts for attempted suicide was in 1967.

On the first July 1993, 25 years ago, President Mary Robinson signed into law the Criminal

Law (Suicide) Act 1993, which decriminalised suicide. Ireland was one of the last western countries to treat suicide as a crime. Taking one's own life was decriminalised in France in 1898 and in the UK in 1961.

The decriminalisation of suicide followed a three year campaign in Seanad Eireann to persuade the Oireachtas that suicide and attempted suicide was a public health and not a criminal issue.

In June 1991, I proposed that suicide be decriminalised. The genesis of this was a motion at the Young Fine Gael Conference of 1990 where the then vice-chairman of Young Fine Gael, [Seamus Mulconry, now the executive director of Philanthropy Ireland, that suicide should be decriminalised.] proposed a motion, passed by the conference that suicide be decriminalised. [At the time Young Fine Gael tended to be more radical in their views than the Fine Gael Party itself]. As a member of Seanad Eireann at that time [elected in July 1989], I introduced a motion on the order paper requesting the Government to allow a debate on this. The debate was not granted. It would be unheard of at that

time that such a taboo subject would be accepted. Irish society did not discuss in any form (except within the psychiatric profession) the delicate issue of suicide and attempted suicide.

Having received encouragement to pursue the issue from members of the psychiatric profession and the then Fine Gael leader of the Seanad, Senator Maurice Manning [who later actually suggested to Dan to speak to Dr. Michael Kelleher], I pursued the matter and decided to research the completion of a private members bill. Following communicating with several members of the legal profession, I received no response and decided to research the completion of a bill myself.

On 10th June 1991, The Suicide Bill 1991 was presented to the Senate. The contents of the bill were:

- Section 1: ‘The rule of law whereby it is a crime for a person to commit suicide is hereby abrogated’.
- Section 2: A person, who aids, abets, counsels, or procures the suicide of another or an attempt

by another shall be liable on conviction to imprisonment. Without section 2, euthanasia would have been legalised.

The Bill was adopted by the front bench of Fine Gael as party policy. The party allocated its private member's time in the Seanad to introduce the bill on 27th November and 4th December 1991. Private member's time was allocated to opposition parties for 3 hours over two weeks. The Government Minister for Justice responding to the bill was Mr. Ray Burke TD of the Fianna Fail/PD government. In his response to my proposal to the bill he stated, *"while the Government fully agree with the principle of Senator Neville's private members bill, I have my own proposals in the context of the Criminal Law Bill which as well as providing for the offence of suicide"*, The minister promised to introduce the bill by Christmas of that year, 1991. It was, however, defeated by 24 votes to 16; despite strong support from Senator Maurice Manning, Senator Shane Ross and Senator Mary Jackman who cited the study into psychiatric morbidity in County Limerick by Dr. Peter Kirwan, as did Senator Neville in his reading of the bill.

The government's promised bill was not published before that Christmas or in the following year, 1992. On requesting on numerous occasions in the Seanad, there was no indication as to when it would be published. Therefore on the first of October 1992, I presented another bill to the Seanad, the Suicide Bill, 1992 which was identical to the previous bill. This was not debated as it lapsed with all proposed legislation on the dissolution of the Dail and Seanad in November 1992. [The Irish general election of 1992 was held on Wednesday, 25 November 1992, almost three weeks after the dissolution of the Dáil on 5 November. The newly elected 166 members of the 27th Dáil assembled at Leinster House on 14 December 1992, but a new Taoiseach was not elected. A new Fianna Fáil-Labour Party coalition government was not appointed until 12 January 1993 after Albert Reynolds was re-elected Taoiseach. In his new cabinet, for this 23rd Government of Ireland, Maire Geoghegan-Quinn was appointed as the Minister for Justice]

Despite the formation of the new government no progress was made to introduce a bill

decriminalising suicide. Consequently, I again, on the 24th March 1993, I presented a third Seanad bill. On the 28th of April of that year, Fine Gael facilitated its private members time in the Seanad to introduce the bill.

On the morning the bill was scheduled to be discussed, to the surprise of members of the Oireachtas, the new Minister for Justice, Mrs. Marie Geoghegan-Quinn published a Seanad Bill, the Criminal Law (Suicide Bill) 1993, which was identical to my bill. There was a disappointment by members of all sides of the Dail and Seanad that the Fine Fail/Labour government did not see fit to accept my private member's bill, a view that was sincerely expressed to me by all sides. At the debate on my bill on that evening, I agreed to withdraw the bill in the understanding that the minister would introduce her bill to the Seanad within two weeks as I did not wish to further politicise this most sensitive issue. However the bill was further politicised within that two weeks by unprecedentedly withdrawing it from the Seanad and introducing it in Dail Eireann. There was outrage on all sides of the Seanad on this proposal. However the

Government members were presented with a three line whip and had little choice in backing the proposal with one dissenting senator, Mary Kelly, a Labour Party member from West Limerick.

The President of Ireland signed into law an act to decriminalise suicide on 1st July 1993.

This was one of the first steps in Irish society recognising that suicide and mental ill health were serious public health issues. It was the beginning of the long road in removing stigma from suicide, self-harm and mental illness, a journey that continues.”

(Dan Neville, Irish Independent, July 1st 2018)

Footnote by author:

Prior to decriminalisation in 1993 Suicide was a felony under Irish Law and attempted suicide a misdemeanour. Both offences were abolished in 1993.

NSRF (1994)

The National Suicide Research Foundation (NSRF)

was established by the late Dr Michael J Kelleher in November 1994 at the request of the then Minister for Health, Brendan Howlin TD.

Michael, as the clinical director of St. Anne's in Cork, had earlier been involved in the efforts to decriminalise suicide in Ireland along with then Senator Dan Neville. Michael Kelleher, along with the co-ordinator of the NSRF Eileen Williamson, was also instrumental in securing and hosting the fifth European Symposium on Suicide in Cork in 1994.

NSRF was originally called the Suicide Research Foundation Ltd. and its first employees were office manager Eileen Williamson, statistician Paul Corcoran and research psychiatric registrar, Dr. Helen Keeley who joined shortly thereafter.

A board of eight honorary directors was appointed and the members included, Bishop John Buckley; Bishop Roy Warke; the Chairman of the psychiatric services Committee, Batt O' Keffe; Professor Fergus Shanahan; Tom O'Dwyer, Programme Manager, Southern Health Board; Michael Crowley, Head Statistical Laboratory, U.C.C.; David Drohan, Area Administrator, Psychiatric Services; and Michael

Kelleher, Clinical Director.

The brief and objective of NSRF was to conduct research into suicide and suicidal behaviour developing as a result of research evidence regarding the accuracy of Irish suicide statistics and lack of knowledge of the extent of suicidal behaviour in the country.

The mission then, and now, is to provide a nationally and internationally recognised body of reliable knowledge from a multi-disciplinary perspective on the risk and protective factors associated with suicidal behaviour with the aim of providing a solid evidence base for policy development and intervention in the prevention of suicide and the management of patients presenting with self-harm.

In the 1995 annual report of the foundation, its chairperson, Dr. Michael Kelleher outlined many of the contributing factors associated with suicide together with several tables outlining the demography of suicide and parasuicide. Of note was his articulation of the dangers of paracetamol when used in doses over the recommended levels.

Figures presented by Dr Kelleher indicated that the

suicide rate in Ireland, in the period 1974 to 1992, had risen from under 40 per one million to 100 per million. (See Appendix 1) This, taken in tandem with the fact that open verdicts, accidental drowning and accidental poisoning rates were staying largely stable, indicated to him that the suicide rate was genuinely rising rather than rising as a result of re-classifying these three other causes of sudden death in the period in question.

UN Guidelines (1996)

In 1991 the Secretary General of the United Nations, following the implementation of the *Guiding Principles for Developmental Social Welfare Policies and Programmes in the Near Future*, drew attention to the fact that suicide was a growing problem, highlighting a particular concern about rates of death for young people. In his second report (1993) he suggested that the General Assembly may wish to consider, making recommendations on several courses of action to address the growing problem. Such suggestions could outline steps that might be taken by Governments. An inter-regional group of experts met at Calgary and Banff, Alberta, Canada from May 25 to 29 in 1993 and the seminar was titled “*International Expert Meeting*

on Guidelines for the Formulation and Implementation of Comprehensive National Strategies for the Prevention of Suicidal Behaviour and the Provision of Support and Rehabilitative Services to Persons at Risk and Other Affected Persons.”

The Guidelines from this Meeting were published in June 1996.

(United Nations, 1996)

These UN guidelines which were published in June 1996 appeared to act as a catalyst for the beginning of a change in the narrative from a public policy perspective in Ireland. The social context in Ireland was changing during this period, thereby creating the conditions for transformation, efforts to reduce stigma, increase and create evidence, a knowledge base and awareness that a policy or strategy was required to address suicide rates in Ireland. The nation began to change from a highly religious to a more secular society; there was a developing multi-cultural experience and a broadening of perspectives and views as a result of external influences including the development of the internet and social media. Running in parallel was a pressure being exerted within the Oireachtas by some of the

original forces behind the decriminalisation bill i.e. Senator Dan Neville and Dr. Michael Kelleher and it was as a result of their lobbying that a task force was set up to study the factors associated with suicide and suicide prevention at the time.

There is a considerable convergence in the national strategies produced and developed by countries after 1996 as these tend to refer to the UN guidelines as an important source document. The UN guidelines emphasise a mix of public health (universal, population based) and health care/high risk group approaches incorporating universal, selective and indicated strategies. The recommendation by the UN was for the incorporation of a number of activities and approaches into the national strategies (UN 1996, p. 2) including:

- Adoption of culturally appropriate protocols for public reporting of suicidal events;
- The promotion increased access to comprehensive services for those at risk of, or affected by, suicidal behaviour;
- The provision of supportive and rehabilitative

services to people affected by suicidal behaviour;

- The reduction of availability, accessibility and attractiveness of the means for suicidal behaviour; and
- The establishment of institutions/agencies to promote and coordinate research, training and service delivery with respect to suicidal behaviour

(United Nations, 1996)

Task Force (1996)

After the success of getting Suicide decriminalised in 1993 Dan continued to use his position, as a member of the Oireachtas, to highlight the need for support services. In 1995, along with Dr. Michael Kelleher, he proposed to the Minister for Health, Mr. Michael Noonan (TD) that an expert group be set up to report on suicide in Ireland.

At the time of this suggestion Dan Neville and John Connolly were members of the Executive Committee of the Association of Health Boards in Ireland. They proposed that a section of the annual conference in Wexford address the theme of suicide prevention.

The information and findings from the conference informed the formation of a proposal by Dan Neville that a suicide prevention policy should be developed. Although he had been refused by the previous government, the new Minister for Health responded by asking for suggestions. Dan wrote to eight professionals for advice and received one proposal from Michael Kelleher to establish a task force based on evidence from a Finnish model. As a consequence of consultation between Michael Kelleher, Dan Neville and the Minister for Health's office, a proposal was announced by the Minister, Michael Noonan TD., to establish the task force.

The background and context in which the efforts to establish a National Task Force on Suicide were taking place, was one where stigma and shame resulted in a historic reluctance to discuss the issue. This made the compilation of accurate data on the frequency and pattern of suicide more difficult, as discussed previously in this account. The numbers of reported deaths by suicide and attempted suicides in Ireland had increased over the previous twenty years. However, investigation and detailed research into the causes of suicide had not developed or progressed slowly and in an ad-hoc manner at national and international

level. The World Health Organisation (WHO), in its *Targets for Health for All*, had recommended action to reverse the rising trend in suicide by the year 2000 and the European Commission had also established a committee of national experts to formulate a programme of community action on injury prevention. It was against the background of this programme, in the context of the framework for action in the field of public health, that the focus on addressing the topic of suicide in Ireland was addressed. The Health Strategy, *Shaping a Healthier Future*, had documented concerns, expressed by health care professions and members of the community, about the increase in the rate of suicide, especially among young people in Ireland. The new programme and strategy for mental health services, *Planning for the Future*, policy had recommended a shift in the delivery of services from an institutional to a community-based setting. With these developments, the aim to ensure appropriate help for those considered at risk, and a desire to ensure the availability of reliable information on the occurrence of suicidal behaviour, the Minister for Health, Mr Michael Noonan TD, established the National Task Force on Suicide in November 1995.

The terms of reference of the National Task Force on

Suicide were to define, numerically and qualitatively, the nature of the suicide, attempted suicide and parasuicide problem in Ireland. To assess the associated costs involved in addressing the issue. In addition, the Task Force was asked to identify the various authorities with jurisdiction to address suicide and make recommendations on how service providers can most cost effectively address the problems of attempted suicide and parasuicide. The aim was to formulate, following consultation with all interested parties, a National Suicide Prevention/Reduction Strategy for the nation.

According to Dr. Michael Kelleher in his address at the first conference of the IAS in 1996, the National Suicide Research Foundation (NSRF) provided much of the original data that informed the deliberations and evidence base of the Task Force. At the time he also expressed the view that when the Task Force had concluded its work, a Review Group should be established tasked with oversight of the developments of the national response to suicide and para-suicide in Ireland. This proved a prescient view and consequently the National Suicide Review Group (NSRG) was established with this specific responsibility, as outlined in the annual report of the NSRG (2001).

The National Suicide Review Group (NSRG) was established in 1998 by the Chief Executive Officers (CEOs) of the health boards to fulfil a recommendation made in the Report of the National Task Force on Suicide (1998). This was in keeping with an earlier recommendation made by the United Nations which stated that “National Governments should establish or designate a coordinating body to be responsible for the prevention of suicidal behaviour” (United Nations, 1996).

(Annual Report of the NSRG 2001)

The establishment of the Task Force was undertaken by the Department of Health (DOH) with representatives from a range of state agencies and government departments. The Community and Voluntary sector (C&V) at that time was very limited in size and as a result, the Task Force was largely composed of actors from the statutory sector and having been established in 1995 it published an interim report in 1996 and its full report in 1998 with 88 recommendations. In one interview with a representative from the political sector from a previous study by the authors it was noted that there was resistance to the process of the

Task Force. He stated: *"I know that during the course of the construction of the reports, drawing up the report, members of the Department on the Task Force often tried to frustrate it, delay it"*

It is interesting to note the difficulties in assessing the rate of suicide and attempted suicide in Ireland in 1996 when the interim report was compiled. At a time when stigma and shame prevailed about suicide and attempted suicide, deaths that were not caused by natural and external events resulted in a coroner's inquest. The returned verdict resulted in a Death Certificate which was sent to the Registrar of Deaths, the deceased's relatives and the Central Statistics Office. The local Gardai completed a confidential statistical Form 104 (which was first introduced by the CSO in 1967) for submission to the CSO, containing the medical evidence, information on how the relevant injuries were sustained and whether the death was considered accidental, suicidal, homicidal or undetermined. The CSO relied heavily on the completion of Form 104 in coding the cause of death, and in turn, determining the number of suicides in Ireland. Given the particular religious and legal issues faced by those at risk of suicide was/is surrounded by denial, shock and traumatic impact for families and

communities across Ireland; CSO recording of suicide and compilation of Form 104 could be subject to inaccuracies as a difficult and subjective activity for those compiling the evidence, thus impacting the recording of deaths in Ireland.

In its interim report in 1996, the Task Force in its summary of conclusions and recommendations tried to address the perceived shortcomings of the Form 104 as it was then, and for easy reference this summary is appended below:

Summary of Main Conclusions & Recommendations

Chapter 1. Ascertainment of Statistics on Suicide & Attempted Suicide in Ireland.

There were 383 suicides recorded in 1995, an increase of 30 on the 1994 figure. The Task Force provisionally recommends that the Coroners Act, 1962 be reviewed in order to facilitate coroners in returning verdicts of suicide, when appropriate. The Task Force is satisfied with the accuracy of the Central Statistics Office (CSO) statistics on suicide. However, we believe that additional information is needed on the attendant social and personal circumstances of each case of suicide. This additional information would facilitate a better understanding of cause and a more effective way of looking at prevention. The Task Force recommends that the CSO and the Garda Síochána consider amending Form 104, which provides the current basis for the completion of statistics on the number of suicides, in order to elicit this additional sociological information. Whilst there are major difficulties in ascertaining and defining the true

rate of attempted suicide in Ireland, information is available on a limited geographic basis.

Chapter 2. Suicide in Ireland.

Between 1976 and 1992 the rise in the rate of suicide was particularly remarkable among young males (15-24 age group). The increase in the young male suicide rate during this time may not be because of any factors peculiar to Ireland. Rather, it was in line with international trends. Between 1976 and 1992 the suicide rate among women remained low.

Chapter 3. Attempted Suicide in Ireland.

Cork is one of sixteen European Centres participating in a World Health Organisation study of attempted suicide. Of the study areas Cork has the highest male rate and the third highest female rate.

(Interim Report of the National Task Force on Suicide in Ireland 1996)

CHAPTER 2

IAS Establishment

Proceedings from the introduction of the first IAS conference by John Connolly; interviews with founding members, Dan Neville (2019), John Connolly (2013, 2019) and discussions with Margaret Kelleher; provided the authors with the background and context that informed the establishment of the IAS in 1996. The genesis to the organisation appears to be the result of several earlier events, with no single factor providing the impetus.

It is evident from the retrospective accounts that an aggregation of events occurred, involving either individually or collectively, the three founding members Michael Kelleher, Dan Neville and John Connolly. The series of suicide prevention activities created the conditions whereby collectively, the efforts would result in the formation of an organisation. This sequence of events was described by Michael Kelleher as *'the final piece of the tapestry of response'*. Research activities had been completed in the Cork and Limerick areas in the 1980-1990 period, thereby

informing the evidence base and need for response. This included:

- *Study into psychiatric morbidity in County Limerick* by Dr. Peter Kirwan (January- December 1989)
- Dr. Michael Kelleher and Dr. Maura Daly “*Suicide in Cork and Ireland*” (1980 -1985), (British Journal of Psychiatry, 1990).
- Consultations with Dr Anne Cullen, a consultant Psychiatrist who later joined the board of the IAS and Dr. Patricia Casey, Professor of Psychiatry at UCD.
- The passage of the various bills leading to Decriminalisation in 1993,
- The hosting of the 5th European Symposium on Suicide in Cork in 1994, hosted by Michael Kelleher, with Dan Neville and John Connolly as delegates.
- NSRF established (1994) by Michael Kelleher with two years of funding provided by Brendan Howlin TD, Minister for Health (Also partly funded by a surplus from the aforementioned Symposium.

- The setting up of the National Task Force on Suicide in November 1995 and the publication of its interim report in 1996.
- The publication of the UN Guidelines in 1996

All of the above events, and significant milestones helped to create the environment which would be conducive to the establishment of an organisation such as the IAS.

Against this background John Connolly, Michael Kelleher and his wife, Dr. Margaret Kelleher, attended the 29th Annual Conference of the American Association of Suicidology (AAS) held April 24th to-27th 1996 in St. Louis, Missouri. The conference was titled “*Suicide: Individual, Cultural, International Perspectives.*” Records indicate that participants were largely drawn from the USA; there were a number of delegates from a range of countries who shared their knowledge on suicidology and contributed to the theme of the conference.

At this event, discussions were held with members of the American Association of Suicidology (AAS) and a conversation with Frank Campbell of Baton Rouge

and John Linehan and Patrick Twomey on the balcony of the hotel proved pivotal to the decision and foresight to establish an Irish suicidology organisation. On their return, John and Michael arranged to meet Dan Neville in the Dail in Leinster House where it was agreed that they would set up an association. It was also decided that the first conference would be hosted later that year in Adare, Co. Limerick which was "*Dan's place*." It was also confirmed that the Association would include in its title the term *Suicidology* rather than *Suicide Prevention* a preference of Michael Kelleher, who considered the former term as fitting and representing the purpose of the organisation, whilst also the term widely used in international settings.

At the time Michael was vice president of the IASP having been a contender for the role of president. He was unsuccessful in his bid for the latter position, it appears that he was narrowly defeated and some speculation that this may have been due to the sensitive theme and contentious subject of euthanasia. Dr Kelleher had become increasingly concerned about this subject, his perception that there was growing support for assisted suicide in some sections of popular press and the medical profession, this being

an ethical and practice theme he felt strongly about.

In describing the formation of the IAS Dr John Connolly reflects: *“The idea of setting an Irish Association of Suicidology has been germinating for a considerable time before its birth in 1996. Perhaps the work of the National Task Force on Suicide was the final spur. There is no doubt as to the need for an organisation such as this to act as a forum or a meeting point for all those interested in suicidology. For too long the many groups, professional, voluntary and self-help involved in this field have ploughed a lonely furrow in isolation. No one group has the answer to the tragic multifaceted problem of suicide. It is only by the concerted efforts of us all acting in unison that it will be possible to achieve the objectives of the I.A.S. which are:*

- To facilitate communication between clinicians, volunteers, survivors and researchers in all matters relating to suicide and suicidal behaviour.
- To promote awareness of the problems of suicide and suicidal behaviour in the general public by holding conferences and workshops and by the communication of relevant material through the media.

- To ensure that the public is better informed about suicide prevention.
- To support and encourage relevant research.
- To encourage and support the formation of groups to help those bereaved by suicide.
- The work of the IAS is and will be complimentary to the work of the National Task Force on Suicide and whatever monitoring mechanism is set up when the present group has completed its assignment.”

Mr Dan Neville describes the early stages when *“the opening up of the discussion on suicide prevention led to the formation of Non-Government Organisations in raising our understanding of the complexity of mental illness and suicide. In 1996, I and two eminent psychiatrists, the late Dr Michael Kelleher and Dr. John Connolly formed the Irish Association of Suicidology to provide singular, authoritative, topical, safe locally contextualised information and advice to all involved in the prevention and containment of the harm arising from suicide and self-harm.”*

First Annual Conference of IAS 1996

The first conference of the IAS was held in the Dunraven Arms Hotel in Adare, Co. Limerick on Saturday, 26th October 1996. The theme of the conference was '*Suicide in Ireland: A Growing Problem*'

The first board of the IAS comprised of the three principals, Michael, Dan and John plus others who were invited based on their perceived interest and commitments to the subject area and the organisation. Membership of the first board of IAS:

President: Dan Neville, then Senator ('89 to '97) and later T.D. (1997-2016) now retired.

Secretary: Dr. John Connolly

Chairman: Dr. Michael J. Kelleher – (Deceased 1998)

Dr. Dolores Dooley – PhD in Philosophy UCC

Brian Howard – Department of Health – APO Mental Health Services

Dr. Myra Barry Senior Clinical Psychologist,
Eastern Health Board

Sgt. Michael Egan, Legal Research Unit, Garda College, Templemore

Patrick O'Connor, Solicitor, Swinford, Co. Mayo
also coroner for Mayo East

Ciaran Lynch – The Samaritans

Michael Fahy – Chairman of 'Solace' Suicide Support Group, Western Health Board

Speakers at the conference included the founding members and additional keynote presentations about suicide and suicide prevention. It is evident that the event was well attended, attracting delegates from diverse backgrounds including public representatives and the voluntary sector. Such large levels of attendance provided evidence for the demand that suicide prevention be addressed across a range of settings. Association president Dan Neville made the opening remarks stating:

"It is important that we understand the tragic and growing problem of suicide in Ireland. It can no longer be ignored. It is important that we are aware and have a professional response to the trauma and stress that the suicide bereaved suffer."

Suicide is still one of the remaining taboo subjects in Ireland. Despite the frightening levels of increase, especially among young males, it has remained outside the realms of public debate.

This Conference will bring together researchers, professionals, caring organisations, Health Boards and public representatives to facilitate a better understanding of the societal reasons for and a sharing of knowledge of the subject. This will develop a greater understanding of its complexities and help society to respond to our fellow members who feel so alienated that they take their own lives.”

(IAS Conference Proceedings, 1996)

Mr. Brian Howard, Department of Health – APO Mental Health Services, in his address, welcomed the foundation of the IAS. He discussed the establishment of the National Task Force on suicide and the findings from the interim report were highlighted with the future work of the Task Force outlined to conference. The process of consultation with relevant bodies to develop a National Strategy for the prevention/reduction in suicide was explained and priorities in this area outlined.

Brian Howard opened by thanking the Association President for his opening remarks, he noted that the suicide rate rose from 71 in 1945 to 383 in 1995, an increase of 30 from the previous year and stressed that this was not just an Irish problem but a global one. The discussion advised the establishment of the task force to address the issue of suicide in Ireland and Brian Howard mentioned the five terms of reference of the task force, advising that the first two were addressed in the interim report that was published that August 1996.

In breaking down taboos he hoped the foundation of IAS would help while also facilitating communications between all interested parties including the public, clinicians, and other health care staff, volunteers, survivors, researchers and policy makers in all matters relating to suicide and suicidal behaviour.

There was acknowledgement that a comprehensive programme was needed, aimed at the general public, particularly those at risk. Brian Howard thanked the NSRF for their major contribution to the work of the Task Force and discussed the initial findings in the interim report. He concluded by praising the initiative of the IAS in arranging this first conference and

looked forward to working with the association in the future. (IAS, 1996)

At the conference a paper was presented by **Dr. Michael J. Kelleher**, Clinical Director in Psychiatry, Southern Health Board and founder member of the National Suicide Research Foundation and member of the Minister's Task Force on Suicide.

The topic of this paper was: '*Suicide and Attempted Suicide in Ireland – an Update*'. Dr Kelleher discussed the numbers who attended this first meeting of the Irish Association of Suicidology, revealing that this made it plain that the people of Ireland intended to do something about the problem of suicide and attempted suicide. He continued that Irish people as a race were renowned for their preparedness to make contributions to various needy causes. He queried how to harness the different professional and voluntary groups who were involved and gave his opinion that only research could provide that answer. He further went on to namecheck some of the groups involved at the time and also the other front line non-medical people such as Gardai, social workers, clergy and coroners. Michael Kelleher concluded that only research can help their passage through these “*emotionally*

turbulent seas.” He stated that if suicidology is ever to become evidence-based, research is essential and that against this background of need, the National Suicide Research Foundation (NSRF) was set up.

Dr Kelleher explained how the NSRF was to be funded initially by the Southern and Mid-Western Health Boards followed by a five year grant from the Health Research Board which would start in January 1997. It also included profits made from the successful hosting of the 5th European symposium on Suicide in Cork which allowed for the employment of a sociologist.

He described the work of the National Task force and the preliminary report which had just been published with the final report to follow later in 1997. He stated his view that the final piece of this tapestry of response was the setting up of the IAS which would be part of the International Association for Suicide Prevention and Crisis Intervention. It would provide a meeting place for all individuals and organisations who wished to see the upward trend of suicide and suicidal behaviour reversed. [In this way he outlined his vision for the organisation and its association with the other elements involved with the response going

forward].

(IAS, 1996)

Owen O'Mahoney, Assistant Regional Representative of the Samaritans, Irish Region, presented a paper on: *'Suicide Prevention – 'Current Issues and the Samaritan's Role'*. He outlined how the Samaritans have over 40 years' experience as an organisation dealing with suicide as an issue'. The organisation was founded in 1953 by Chad Varah, an Anglican priest, in London, he revealed that at that point there were three suicides a day in London and he wanted to know why?

Owen advised that in Ireland in 1995 there were 20 branches north and south staffed by 2,500 volunteers offering 83,200 volunteer befriending hours and in 1995 there were 350,000 calls to the organisation.

In their 5 Year Plan the Samaritans vision was that – *"Fewer people will take their own lives because Samaritan Befriending is always available at any time of the day or night (and because)Samaritans provide society with a better understanding of suicide, suicidal behaviour and the value of expressing feelings"*

Owen concluded by saying that the Samaritans

recognised that they were an element in an overall picture in which many play a part. They suggested that all the groups work more closely together and that all can learn from each other. (IAS, 1996)

Mr Patrick O'Connor, Coroner for Mayo East, at the same conference advised that two case laws where High Court found Coroner cannot judge on criminality - just how, where and when the death of an individual occurred. He also queried how can a crime exist if the perpetrator is not of sound mind?

Since decriminalisation Coroners are freer to find cause as suicide as previously Coroners could not assign Civil or criminal liability under the Coroners act of 1962 (Irish Statute Book)

Dr. John Connolly in his paper 'Thoughts on Suicide Prevention' discussed the importance of accurate suicide mortality statistics as a basis for research and also for the purposes of implementation and evaluation of suicide prevention programmes. He went on to stress how prevention demands action on all fronts - clinical, social and political. [In this view John was prescient in how the 'whole of government, whole of society' approach of Connecting for Life 2015 -

2020 would be framed]. He concluded by saying that continuing education was essential for all involved in prevention.

Further papers were read by:

Ms. Myra Barry, Senior clinical psychologist, Eastern Health Board, on *'Suicide prevention in Finland – a working Model'*

Ms. Barry's presentation outlined how Finland, which had a very high suicide rate in relation to the rest of Europe, had decided to form a national strategy aimed at a reduction in suicide numbers. In her conclusion Ms. Barry articulated the opinion that Ireland could learn from the Finnish model and made recommendations on what should be included in an Irish National strategy for suicide prevention.

Dr. Dolores Dooley, Lecturer in philosophy and medical ethics, University College Cork on *'Moral rights and communal concerns' Contemporary views on the ethics of suicide.*

Dr. Dooley's paper considered the philosophical implications throughout the ages on the act of suicide by an individual. Discussed in her paper were the two

opposing views on the right of the individual to take their own life.

Sgt, Michael Egan. Legal Research Unit, Garda College, Templemore on '*Suicide – The Bereaved and the Gardai*'

Sgt. Egan's presentation dealt with what the Gardai had learned to be the best practise regarding, among other things, breaking the news to loved ones of the deceased. His paper discussed every aspect of the Garda involvement including investigation of the event itself and support for the bereaved.

In this account of the history and narrative of the IAS (1996 -2018) it is not proposed to record all of the various conferences' proceedings in such detail. The authors consider that the record of the 1st conference is significant. It reveals the vision of the founding members, it articulates to reflections about suicide rates and the impact of death by suicide in the community. The conference proceedings also shine a light on the context within which the IAS was formed. Most importantly, the account of the first conference also indicates and reveals clearly the initial vision and hopes for the association at that moment in time.

CHAPTER 3

Dr. Michael Kelleher

The organisation, that became the Irish Association of Suicidology was formed following a series of meeting in the U.S., Dublin, Cork and finally in Adare in 1996. It is noted however, that the foundations leading to such a development originates through a rich and varied narrative with earlier beginnings, determined by the experiences, courage and vision of several key individuals, Dr Michael Kelleher, Dr John Connolly, Senator Dan Neville, Dr Maura Daly and others who will be mentioned throughout this account.

In documenting the history of the IAS, the contribution of founding members requires attention. It is noteworthy that significant developments, achievements and milestones in suicidology in Ireland occurred as a direct consequence of the actions of the aforementioned individuals. There will be a more detailed discussion of the achievements in suicide prevention in Ireland through the individual and collective efforts of John Connolly, Dan Neville and Michael Kelleher, and others who contributed to the work of the IAS

throughout its history. These are discussed in the following sections.

As stated in earlier chapters the context, (1980's – 1990's) in which the organisation was formed is an important consideration and requires discussion, thereby highlighting some factors that influenced the provision of mental health services and community responses to suicide at the time. Social life and political structures in Ireland as a nation were influenced by the church, and historically the power of the religious institution impacted all aspects of citizens' lives. This resulted in a synergy and embedded the influence of church within the state structures and services offered. Consequently, the stigma associated with suicide was far-reaching; the act was considered criminal and a "*mortal sin*." The deceased being prevented church burial and the shame and impact in families and communities was profound. Against such a backdrop, Dr Margaret Kelleher describes the work of her late husband, Dr Michael Kelleher as trying to "*move the immovable*."

It is noted during interview with Dr Margaret Kelleher that her husband's earlier career was informed and influenced by several renowned professionals in the

clinician, research and medical spheres with whom he had the opportunity to work. Such connections resulted in significant research output through collaborations and networking with, among others, Sir Martin Roth; Professor Heinz Häfner in Mannheim; Professor John Cooper; Sir Aubrey Lewis and Professor Michael Sheppard of the Maudsley Hospital in London. It is also noted that Dr Kelleher worked extensively with Professor Michael Gelder; Professor John Copeland and Professor Roy McClelland who was eventually based in Queens University Belfast. It is evident that there are others, but this list is not exhaustive; the authors acknowledging that the account highlights the calibre of his influence, collegiality, networking and collaboration.

Dr Michael Kelleher returned to Cork in 1979, assuming the position of Clinical Director at St. Anne's Hospital, a position he retained for approximately 20 years. In the mid 1980's, in collaboration with a newly qualified psychiatrist, Dr. Maura Daly, Dr Kelleher commenced the study of an emerging, persistent and concerning theme in clinical practice, namely the problem of suicide and self-harm in Cork.

This research resulted in the publication by Dr. Michael

Kelleher and Dr. Maura Daly of their investigation into suicide in Cork (1980 -1985) and was titled "*Suicide in Cork and Ireland*" with publication in the British Journal of Psychiatry (1990). The significance of this research undertaking is notable in its impact and how the subject of suicide and self-harm among clinicians now became into the public domain. The development of the work that resulted in the formation of the IAS has its origins in this research, and the developments by Dr Kelleher, Dr Daly and others at this time.

Because of previously established national, European and international links, Dr Michael Kelleher and his wife, Dr Margaret Kelleher sought to consolidate, and successfully leverage the international dimension of the work of the NSRF and IAS, the latter organisation being the subject of this account. It is evident, through the review of conference proceedings, research publications and other materials that this was especially important in establishing connections with the IASP, the AAS and the WHO. This historical vision established the foundations for what became a significant contribution of Irish research to the international developments in suicide prevention knowledge and evidence for suicide prevention, enriching a global

platform that continues through the activities of the NSRF to this day.

Dr Margaret Kelleher describes her husband as courageous and not afraid to speak unwanted truths. She recollected, during interview, one occasion when, the then chief of the Health Board, prevented her husband from giving an interview with David Hanley on RTE as he was afraid of what he might say.

Further chapters of this history describe and explore Dr. Kelleher's contribution to the establishment of the IAS. The narrative considers his involvement in suicide prevention developments in the period leading up to the foundation, and early developments of the organisation.

The untimely death of Dr. Michael Kelleher in 1998 sent shockwaves across the sector. It appears from literature and interview that he had known about his condition for quite some time but had been determined not let this impact or impede his efforts with the IAS, NSRF and other endeavours in clinical and research practice. It is acknowledged that his concern was to ensure that both organisations would endure should his health deteriorate.

The outpouring of condolences and expressions of sympathy following Michael Kelleher's death demonstrated the regard, esteem, respect, impact and contribution he had made to psychiatry, mental health and suicidology in Ireland, Europe and international settings. On his passing many heartfelt statements and written eulogies were noted from professional and personal settings, the media archives containing records that are documented here.

His colleague, and co-founder of the IAS, Dr John Connolly, who was honorary secretary of the Irish Association of Suicidology at the time, stated that Michael Kelleher's contribution to suicide research was "*greater than all others put together.*" John Connolly continued: "*He is a tremendous loss to Irish psychiatry and to suicidology in particular,*"

Tributes were also paid by Dr Mary McCarthy, registrar at St Anne's Hospital, where Dr Kelleher had worked as clinical director for more than twenty years. She stated, "*As a doctor and a psychiatrist he had a marvellous way with patients to get them to confide in him, this made him a brilliant diagnostician.*" She further recalled Michael Kelleher as "*a marvellous teacher of students training to be psychiatrists. Whatever*

the subject he would make it interesting, always bringing in a philosophical dimension”

It was noted at the time of his death that Dr Kelleher’s proposals to set up the National Task Force on Suicide in 1996, which had reported earlier that year [1998], would be the key to developing policies to reduce the levels of Irish suicide and to responding to the need of families left behind, hence his significant contribution and impact was recorded.

Senator Dan Neville was the president of the Irish Association of Suicidology in 1998 and recalled Dr Kelleher’s contribution to the tragedy of suicide as *critical “in persuading society and officialdom to recognise the issue as a public health problem.”* Dan Neville noted that Michael Kelleher’s publication, *Suicide and the Irish* was the definitive text highlighting and developing knowledge and evidence on the issue of suicide in Ireland at that time.

At the time of Dr Kelleher’s death, the co-ordinator of the NSRF foundation, Eileen Williamson described his care and rapport for patients and noted: *“We are all terribly sad here this morning. He is a tremendous loss and we will miss him terribly.”*

Dr Kelleher was also vice-president of the International Association for Suicide Prevention (IASP) and the first European to be invited to become director of the American Association of Suicidology (AAS).

Among the many obituaries written about Michael Kelleher discovered in the research for this publication, there was a particularly noteworthy tribute in the Irish Times of August 26, 1998 which is reproduced below.

“Ireland has lost a great researcher and a caring clinician with the death of the distinguished and eminent psychiatrist, Dr Michael Kelleher. Both the country and his fellow doctors are entitled to feel a deep sense of loss. He knew that he was dying. He knew that his days were drawing to a close and that cancer was to deny him his continuing love of research and his even greater love of his dear family. Yet, despite this knowledge, he never, for a single moment considered giving up.

To the very end he continued to work on his research. To the very end he continued his lifelong encouragement and support for his junior doctors. And to very end he continued to contact friends and colleagues to discuss new ideas for research and to inquire after their own health and that of their families. He drew great comfort from his religious

beliefs, but the anchor and inspiration for his work, both in times of good health and in times of desperate sickness, remained his wife Margaret and his family, of whom he was intensely proud and for whom he was himself a constant source of inspiration and strength.

It is, of course, for his ground-breaking work on Irish suicide that he will be best remembered. But he was an eminent researcher and clinician across much wider areas of psychiatric medicine. His early work involved a very substantial international study under the auspices of the World Health Organisation, investigating diagnostic processes in Britain and the US. Thereafter he published in the areas of arson, personality disorder, and psychiatry of the elderly.

His interest in suicide was relatively recent and was spawned by his support for a newly qualified psychiatrist who suggested that together they investigate the problem of suicide and self-harm in Cork. Over the subsequent 15 years, his work led to published research in an increasingly eminent range of peer-reviewed journals and he became, in the process, a leading international authority on suicide, travelling the world to lecture and to teach and becoming a well-known figure in the Irish media.

He hosted a worldwide psychiatric conference on suicide in his beloved Cork, which attracted leading investigators to consider this important topic. And only five years ago he set up the National Suicide Research Foundation, which went on to make the most major of contributions to the National Task Force on Suicide. His well established and growing international reputation lead to the prestigious British Journal of Psychiatry asking him to write an editorial on Irish suicide research. It was his last academic work and will now, sadly, be published posthumously.

As a lecturer he had the unusual and rare ability to convey complex information simply. He was as much at home with an audience from the general public as from psychiatry, nursing, general medicine or international researchers. His clarity of thought and succinctness of style resulted in him being a much sought-after speaker. I shared a platform with him on many occasions and he was always an affirming and appreciative co-speaker.

In recent years he had become increasingly concerned at the growing support for assisted suicide, both in the popular press and within the medical profession. It led to a series of passionately argued articles in the national press which served to highlight his tremendous ethical and professional standards, standards which he constantly

sought to impress upon his junior doctors.

In removing the taboo surrounding suicide in Ireland, Michael Kelleher performed a service that is immeasurable. He was a great man and his early death, at the apogee of his career, will create a loss that will be felt by the profession and friends alike.

P.C. (Irish Times, August 26th, 1998)

CHAPTER 4

Initial Steps

The early days of the IAS were busy, with members contributing to public debate on a wide range of issues related to suicide. Registered charity status was applied for and obtained. National lottery funding was applied for and obtained to help put finances on a sound footing and greatly help to develop and further the aims of the association.

Meanwhile a number of the board were involved in the National Task Force on Suicide including Michael Kelleher, Myra Barry, Patrick O'Connor and John Connolly. Anne Cullen was also involved but did not join the IAS board until 1998.

Significant effort and resources were involved in organising the early conferences, with considerable success in sourcing national and international speakers.

Mary McAleese, President of Ireland agreed to become the first patron of the association thus starting the

unbroken tradition, which continues to the present day, of patronage of the association at the very highest level in Ireland.

Undoubtedly, the biggest event in the association's young history was the untimely death of one of its founders and driving forces Dr. Michael Kelleher in August 1998. His premature loss was a big blow to the Association, the NSRF and suicidology in general both at national and international levels as was expanded upon in the preceding chapter.

The early days of the IAS also included efforts to establish and consolidate the association into a 32-county organisation, this aim successfully achieved through talks with representatives from across professional and voluntary organisations in Northern Ireland. By 1998 there was a Northern Ireland presence on the board of the association in the presence of Roy McClelland, Rev. W. Sydney Callaghan, Dermot Lynch and Elliot Graham.

Tangible outputs included the production of *'Media Guidelines for the Portrayal of Suicide'* undertaken jointly with the Samaritans which was officially launched in the Gresham Hotel Dublin in January

2000. Successful outcomes included the production of the *'Best Practice Guidelines for Suicide prevention in Schools'* in collaboration with the NSRG in 2002. Both of these publications were officially launched by the Patron of the IAS, President Mary McAleese.



(Pictured at the launch of *Best Practice Guidelines for Suicide prevention in Schools* in collaboration with the NSRG in 2002. Roy McClelland, Dr. Myra Barry, President Mary McAleese, John Connolly and Dan Neville).

Conferences

A major achievement of the IAS was the provision of annual conferences from the first in 1996 to 2016 [with the exception of 2007 when the XXIV annual IASP

conference was hosted by the IAS in Killarney] which uniquely brought together researchers, professionals, caring organisations from the C&V sector, Health Boards and public representatives to facilitate a better understanding of the societal reasons for and a sharing of knowledge of the subject.

In the opinion of several interviewees consulted for the compilation of this history, the conferences provided many positives. Comments included:

“They brought knowledge and expertise from an international perspective and cultivated local knowledge and expertise.”

“They were significantly under-acknowledged and that they had a key role within the sector.”

“Early conferences were then very vibrant and well run. The organisation seemed to have the wind behind it in terms of presenting work to a large mixed audience.”

“To both a sizeable and mixed audience – prestigious international speakers – at the time there was nothing comparable!”

According to interviewees *“They were inter-disciplinary.*

All types were represented – Policy makers and basic researchers; some clinical researchers; people who were advocates for organisations; Voluntary too! It was an unusual mix and didactic.”

According to John Connolly the main success of the IAS conferences “*was to provide a forum where each of the relevant actors could meet, exchange information and expertise and promote research.*” “*They brought together the various strands in one forum – No one grouping has the answer.*”



[Pictured at the Annual IAS conference in Limerick in 2001 are Prof Michael Fitzgerald Chair IAS; Dan Neville, President of the IAS; Tim O'Malley Minister for Mental Health and Dr. John Connolly, Hon. Secretary, IAS]

President Mary McAleese in her speech at the 14th conference in 2009 praised the work of the conferences:

“In the fourteen years since the foundation of the Irish Association of Suicidology, as you have gathered at each successive annual conference, the true story of suicide in Ireland has, thanks to you, revealed a little more of itself. You have involved yourselves in the difficult tasks of peeling back the tight-packed layers of taboo, forensically examining the facts through scholarly research, engaging with groups and individuals who have a unique professional or personal insight into suicide, educating the public on prevention and postvention strategies, guiding fresh policy initiatives aimed at prevention and a host of other important things which allow us to acknowledge that this issue is on the national agenda now in a way that it was not when you started.”

President Michael D. Higgins in his speech to the 19th Annual conference in Naas in 2015 stated:

“We still, however, have much ground to cover, and conferences like this are important in fostering open and wide ranging discussion on a matter which has for too long been confined, and delegated

inappropriately, to the privacy of family mourning.”

Along with all of the aforementioned local groups the IAS was highly successful in bringing in International experts as guest speakers and presenters at conference. As Dr. Justin Brophy said in an interview for this research: “...*for an organisation of its size they were extraordinarily well networked. Mainly English speaking, some European - at the time psychology was very well motivated.*”

Networking, lobbying and creating global and national resources allowed the IAS to establish many contacts over the years, some preceding the setting up of the organisation and created by Dr. Michael Kelleher, his wife Dr. Margaret Kelleher (nee Fitzsimons) and Dr. John Connolly. Prestigious contacts of other board members including Professor Roy McClelland, Professor Michael Fitzgerald, Dr. Justin Brophy and the staff of the NSRF including Ella Arensman, Eileen Williamson and Paul Corcoran continued to present down the years.

Among the prestigious International experts who spoke over the years there included the following:

Ms. Vanda Scott, CEO of Befrienders Interna-

tional (The Samaritan movement worldwide).

Dr. David Gunnell, Senior Lecturer in Epidemiology and Public Medicine, University of Bristol.

Professor Unni Bille-Brahe, head of WHO Collaborative Centre for Suicide Prevention.

Dr Alan L. Berman, Executive director and a past president of the AAS. First vice President of the IASP.

Professor Alan Apter, Sackler School of Medicine, Tel Aviv University.

Professor Keith Hawton, Director of the Centre for Suicide Research, Oxford University.

Dr. Frank Campbell, past president of the AAS

Professor Ad J.M. Kerkhof, Professor of Clinical Psychology, Psychopathology and Suicide Prevention at Vrije University, Amsterdam, The Netherlands.

Professor Stephen Platt, Edinburgh, Member of the International Academy for Suicide Research. Member of planning group for Scottish strategy, 'Choose Life'

Professor Rory O'Connor, Member of IASP and AAS and leader of SBRG Stirling, Scotland

Professor David Rudd, Utah, past president of the AAS and internationally acknowledged expert on Suicide.

Dr. Paul Quinett, Washington, USA, founder of the QPR institute.

Professor Thomas Joiner, Florida State University. One of the world's leading suicide researchers and theorists.

Not all internationally renowned experts had to travel very far, other international experts included (among others): Ella Arensman, Michael Fitzgerald, Michael Kelleher, Margaret Kelleher, Kevin Malone, John Connolly, Justin Brophy, Roy McClelland and Barry McGale.

Features of the annual conferences were the Bereavement Seminars which began in 2004. This seminar which ran in tandem with the conferences was specifically aimed at survivors and attracted many important speakers including Dr. Frank R. Campbell of Baton Rouge who spoke at the 10th conference in 2005 and was on the balcony at the hotel in St. Louis

back in 1996 when the suggestion of the formation of the IAS came up.

The annual conferences were considered a great success and received very positive media coverage; they provided clinicians involved opportunity for knowledge transfer. The enthusiasm of the C&V representatives and statutory agents was evident in the level of participation at the events. Conference were considered an essential aspect of the annual calendar across the sector, allowing those interested parties to exchange knowledge, learn about new programmes and present research. Unfortunately, due to resource restrictions and recession, the attendance figures started to dwindle in the post ‘*Celtic Tiger*’ years

The 20 conferences hosted down the years did however fulfil the initial vision of the IAS as they provided a forum where (in the words of Dan Neville at the first conference in 1996):

“This Conference will bring together researchers, professionals, caring organisations, Health Boards and public representatives to facilitate a better understanding of the societal reasons for and a sharing of knowledge of the subject. This will develop a

greater understanding of its complexities and help society to respond to our fellow members who feel so alienated that they take their own lives.”

(A list of the conferences is attached in appendix 2)



[An Taoiseach, Enda Kenny TD officially opens IAS 18th Annual Conference in Hotel Westport Co Mayo on 9th & 10th October 2014. 'Living Closer to the Edge 'Suicide and Self-harm at Ireland's Margins' with IAS Board Members, Neasa Cummins, Dr. Justin Brophy Chairperson, Prof Siobhan O'Neill, Dan Neville TD President, Dr. Margaret Kelleher and Dr. John Connolly Hon Secretary]

National Conferences (schools)

In addition to the annual conferences of the association there were also National conferences for schools. According to John Connolly in an interview with the author in 2012 he stated:

“Then we decided that there was a need for a different kind of conference. The conference we were holding and still held until the last one last year was for all the people you’ve mentioned. It was an eclectic sort of thing. But we then felt that we should have a special conference aimed at a particular professional group like say teachers, school teachers, social workers, psychologists... So we started off with teachers. And maybe they were school guidance counsellors. The need turned out to be that we had eight of those conferences.”

These conferences were aimed at school teachers and guidance counsellors and ran for eight years up until 2008. Funding for these conferences then became an issue and sadly no more took place. A lot of that could possibly have been due to the worsening economic climate, at the time there were many cut-backs particularly for teachers and a lot simply could

not afford to go anymore. Although the provision of these conferences aimed at a specific professional group was, in retrospect, a very laudable achievement by the organisation it is tinged with an element of regret that they were not continued past 2008. It is also a pity that none of the other professional groups who were considered initially ever got to have their own conferences. In this way the provision of the special conferences can be seen as both a wonderful achievement but also perhaps an opportunity missed.

The first of these was held in Galway in December 2001 and the theme was *Suicide Prevention in Schools*. Following the successful first conference the book *Suicide Prevention in Schools: Best Practice guidelines* was published in 2002. The second conference was held in 2002 on the topical issue *Bullying and Suicide in Schools*.

The third conference was held at the Gleneagle Hotel in Killarney in November 2003 and the theme was *Alcohol, Substance Abuse & Suicidal Behaviour*.

The Fourth conference 'School Based Intervention in Crisis Management and Suicide Prevention' was held in November, 2004 at Galway Bay Hotel in Salthill in

Galway. The first patronage message from President Mary McAleese was included in the published proceedings of the conference.

The fifth National Conference, held in Kilkenny at the Ormonde Hotel in December 2005 had as its theme *'Partnerships for Reducing Youth Suicide'*.

The sixth conference was in November 2006 at the Sligo Park Hotel. The theme was *'Suicide Prevention: School as a Place of Healing'*.

The seventh conference was in November 2007 at the Brandon Hotel in Tralee Co. Kerry. The theme was *'A whole School Approach to Crisis Intervention and Suicide Prevention'*.

The Eighth conference was in November 2008 at the Sheraton Hotel, Athlone, Co. Westmeath. The theme was *'Innovations in preventing Youth Suicide'*.

Early Career Researcher Award

In an effort to align with the stated objective of promoting research in the domain the IAS promoted an annual award for young or new researchers into the topic of suicidology. It became known as the Early

Career Researcher's Award and was presented at the annual conference every year. The first such award was in 2011 and continued until the most recent conference held. Lundbeck were the initial sponsors of the award.

This annual award created an excellent opportunity for new researchers to showcase their work and to receive advice from expert researchers.

The IAS research award committee would review all of the submissions. Shortlisted candidates would then present their work in an oral presentation at this research masterclass.

The winning submission got to present to the full conference the next day while shortlisted submissions were published throughout the subsequent IAS newsletters.

Among the winners were:

The 1st award winner was Celine Larkin for her research into *Risk Factors for repetition of self-harm*. The award was presented at the 15th conference in 2011.

The third winner was Chris Shields, Western Health and Social Trust for his research on *'Mothers and Suicide'* and was presented at the 17th Conference in the City Hotel, Derry in 2013.

Dr Sara Leitaó was awarded the **6th** IAS Research Excellence Award for Early Career Suicide Researchers at the Irish Association of Suicidology conference in Killarney on 6-7th October 2016, for her presentation on *'Unemployment and work-related factors in suicidal behaviour: Findings from the Suicide Support and Information System'*. Sara was also short-listed for the Jacqueline Horgan Bronze Medal Award and presented in Dublin on 16th November 2016.

CHAPTER 5

Patronage and presidential support

In 1998 President Mary McAleese agreed to become patron of the IAS, a societal theme she wished to support. As her involvement developed, she expressed the wish to visit the head office of the Association in Mayo. There is a humorous narrative in the account of the event by Dr Connolly, the administration of the IAS, at that time (January 1999), was in fact, conducted from his clinical rooms in St. Mary's Hospital, Castlebar. Undeterred, the staff at St. Mary's ensured that a room was set up adjoining John's office for the official visit. He describes a successful outcome as collectively "they really made a good show of it" and the president was suitably impressed!

At a later date President McAleese invited Dan, John and Roy McClelland to a lunch at *Áras an Uachtaráin* where discussions about suicide prevention lasted approximately three hours. Interviews with Dan Neville reveals that the IAS felt unwavering support from President McAleese, she was always available to them and they considered it a great thing to have

her patronage and involvement in the activities of the association. In reporting the presidential patronage, the Irish Times stated:

President patron of suicide group

The President, Mrs McAleese, has agreed to become the sole patron of the Irish Association of Suicidology. The association's president, Fine Gael TD Mr Dan Neville, welcomed the decision as "a great honour and a source of great encouragement." The body was established two years ago to help the bereaved, facilitate communication between various professions and promote awareness of the problem.

(Irish Times, May 12 1998)

President McAleese was present at the World Congress of Suicide Prevention (2007) and acknowledged the importance of a collaborative effort to addressing suicide in Ireland. She stated the importance of a whole society approach, involving all sectors of the community:

"Reducing suicide rates requires a collective, concerted effort from all groups in society: health,

social services, other professionals, communities and community leaders, voluntary and statutory agencies and organisations, parents, friends, neighbours and Individuals.”

President Mary McAleese, (World Congress of Suicide Prevention, 2007)

Pres McAleese attended the 14th annual conference in 2009, praising the ongoing efforts of the Association while also validating its multi-disciplinary and inclusive approach:

“Today, thanks to your advocacy we can no longer deny the harsh reality that suicide, attempted suicide and self-harming behaviour are a serious public health problem. We know that some groups are particularly vulnerable and there is no doubt that youth suicide in particular leaves a legacy of colossal loss but in truth you are helping all of us to come to terms with the fact that suicide and suicidal behaviour is not confined to one age group or gender and wherever it manifests itself it is an indicator of someone who has run out or thinks they have run out of coping skills and options. As you unpack the full story of suicide

you are discovering like Thales that you do not step in the same river twice or indeed as his pupil remarked, you do not step in the same river once. You are dealing with a complex phenomenon and one-size-fits-all solutions are no solutions at all, which is why a broad spectrum, cross-disciplinary, multi-sectoral approach is so essential if we are to have any reasonable chance of reducing the suicide and self-harm statistics.”

[The full speech is available to read in Appendix 3 - President.ie. (2009).]

President McAleese’s successor in office, President Michael D. Higgins, is the current Patron of the association and addressed the annual conference in Naas in 2015. It is evident that the theme of suicide, suicidal ideation and self-harm remained, some 18 years later, of significant importance to the office of the president. Michael D. Higgins also commended the association for the conferences and the efforts of the IAS in education, knowledge exchange and research:

“That is why conferences such as this one are important, playing a significant role in encouraging a continued conversation on the issues of suicide and

its prevention. Your programme is a wide ranging one, covering areas such as the identification of at-risk individuals in our schools, the dangers of internet bullying, supports for those who have been bereaved through suicide, and intervention strategies for 3rd level students who are experiencing suicidal feelings. These two days are a valuable and inspiring coming together of a wealth of expertise and areas of interest in a generous sharing of wisdom and experience. I have no doubt that your discussions here will be fruitful ones which will play an important role in our ongoing battle to reduce the number of suicides which take place in Ireland each year.”

[The full speech is available to read in Appendix 4 - President.ie. (2015).]

The Irish Association of Suicidology reflects positively, and with an experience of privilege that the efforts of the organisation should receive patronage from the highest office in the land and in his foreword for the 2015 conference Dr. John Connolly acknowledges the great honour for the IAS that their patron President Michael D. Higgins had agreed to address the 19th annual conference '*Cherish the Young: Suicide Prevention and Young People*'. John articulated in his address that

the president, over the years in public life, had always been a champion on social issues that affect those on the margins of Irish society, who are most prone to suicide and suicidal behaviour.



(President Michael D. Higgins being greeted by IAS President Dan Neville.)

CHAPTER 6

Advocacy, Awareness Raising, Information and Resources

Information Leaflets

Education and awareness raising aimed at supporting improved understanding, supporting those impacted by suicide, and informing professional practice in the subject developed as a core activity of the organisation. The dissemination of information on features and aspects of suicidology, suicide prevention and related matters remained central to the outcomes and aims of the IAS. Responding to multiple requests for help, advice and information the association developed and published the following information leaflets:

SUICIDE

Risk Factors and Myths About Suicide

Living with a Suicidal Person – What Families can do

If You are Feeling Suicidal

DEPRESSION

Depression Self-Help

Living with a Depressed Person

Teen Depression

Signs, Symptoms and Risk Factors

GRIEF

Managing Grief and Loss After Suicide

Helping / Supporting Someone Who is Grieving

Responding to need: Engaging with the public

The IAS office regularly responded to telephone enquiries from people seeking support and services, either for themselves, or members of their family and community. Many of those reaching out for support were people in distress who were experiencing difficulty accessing help and services in their locality. Signposting and advocacy emerged as an important feature of the work of the organisation and a database and network was developed, of appropriate statutory and voluntary services, across a national geographic spread. The office continued to receive numerous calls

from the media, teachers, and various other groups for information and advice. In addition, the IAS developed as a trusted provider of courses on suicide prevention and the management of the suicidal crisis across a range of statutory sector groups such as the Gardai, prison officers, psychologists and for voluntary sector providers of services. Requests were responded to within capacity of organisational resources. It is evident that information sharing, awareness raising and responding to enquiries and the needs of individuals, and statutory and voluntary sector organisations remained a cornerstone to IAS activity until 2018.

The IAS also produced a services directory with information on Regional Health Offices; Suicide Bereavement Support Groups; Suicide Resource Officers, HSE; Resources for Schools and Voluntary organisations.

Media Guidelines

A significant milestone in suicidology in Ireland and an achievement for the Irish Association of Suicidology and the Samaritans was their collaboration in developing media guidelines about reporting suicides in Ireland in 2000 (updated in 2006, 2010 and

2016). Suicidology research across an international field continues to assess the impact of accountable and regulated reporting on suicide rates. In countries including Austria there has been some discernible links between reduced deaths by certain means, for example deaths on railways and regulated reporting and sensitivity in media reports (Krysinska and De Leo, 2008). Less capacity for regulation exists across social media and there is work to be done to establish protocols with the primary social media network providers regarding guidelines, responsibility and good practice. However, the later revised versions of the guidelines do attempt to address this issue.

Pillenger (2014) in a review of international suicide prevention policy also cites the promotion of safe reporting and portrayal of suicidal behaviour by the media, aimed at safe and responsible reporting that helps reduce stigma. Others argue for the monitoring of media coverage of suicide and regulation of the subject sensitively in the media (Pillenger, 2014 and Connolly, cited in Samaritans, 2017), a goal to encourage dialogue that includes responsible use of social media and new technologies, this being embedded as an action in the Scottish strategy. Also in the New Zealand strategy, responsible media reporting is

a separate, stand-alone goal.

In his foreword to the original guidelines in 2000 Professor Tom Mitchell, Chairman of the Press Council of Ireland stated:

“I greatly welcome the publication of media guidelines for reporting suicide and self-harm. I want to commend the Irish Association of Suicidology (IAS) and Samaritans for undertaking this important initiative and for the invaluable and broad support that they have given for more than half a century to people who suffer emotional difficulties.”

He went on to state:

“The media therefore has a heavy responsibility in the manner in which it reports incidents of suicide and self-harm. I know that they are anxious to meet that responsibility. The guidelines which have been assembled by the IAS and Samaritans will be of great help in this regard. They are informative, comprehensive and based on solid data and research. I congratulate all who have contributed to the work. They deserve our thanks.”

(Professor Tom Mitchell Chairman, The Press

Council of Ireland)

There was commitment across the IAS, a significant and genuine belief that the guidelines produced would be of value to journalists throughout Ireland in their reportage of suicidal behaviour and self-harm.

Séamus Dooley, Irish Secretary National Union of Journalists (NUJ) gave his perspective also in the Guidelines document:

“Journalists can help create an awareness of the complexities which surround death by suicide. It is important that suicide is not swept under the carpet but it is equally important that journalists treat the subject with sensitivity and have regard to the possible implications of every word and picture published. The Code of Practice of the Press Council of Ireland and the NUJ Code provide an ethical framework for all journalists. These guidelines will also help to inform journalists and will be a useful reference point.”

(Séamus Dooley, Irish Secretary NUJ)

Public Attitudes to Suicide Survey

In 2006 the IAS commissioned Millward Brown IMS to carry out a survey on *Public Attitudes to Suicide in Ireland North and South*. The survey included 1,000 participants in the Republic and 500 in the North. Press releases and media information at the time of the research launch included:

A survey on attitudes to suicide in Ireland, commissioned by the Irish Association of Suicidology, was formally launched by Mr Tim O'Malley, Minister for Disability and Mental Health, on 1 November 2006. The Association was founded in 1996 three years after the decriminalisation of suicide. At that time suicide was very much a taboo subject. 2006 seemed an opportune time to have some measure of public attitudes to suicide.

{From information sheet: *Irish Association of Suicidology - An Introduction*}

The very interesting results of the survey revealed that, in general, Irish people are knowledgeable about suicide and have a very caring attitude to those who are suicidal. 70% of people in Ireland know someone who has ended their life by suicide. Worryingly, 38% of young men aged 15-24 had no knowledge of where

and how to access help if they were feeling suicidal.

The survey revealed that nearly half of people in Ireland believed that suicide is morally wrong. Regardless of the morality of the issue, the majority on both sides of the border believed that the decriminalisation of suicide is correct.

The study found that the majority of people displayed much understanding for those who take their own lives, with almost eighty percent agreeing that there were situations where they can understand the course of action being taken. However, 70 percent agreed that people should be prevented from taking their own lives at all costs.

One-in-five of those who knew someone who took their own life said that it was a family member. In the Republic, 15% of people in total have had a family member who died by suicide and the overall incidence in the north was around 12%.

The study found that people felt depression and loneliness were the overriding causes in suicide. The study found that a majority agreed that suicide is a symptom of mental illness. Around 60% agree that suicide is

generally portrayed in a sensitive way in the media.

It was found that most people do not believe that suicide is inevitable once a person has decided on this course of action. . It also noted that the stigma surrounding suicide does seem to be lessening.

In summary, the report found Irish people to be non-judgemental and sympathetic towards the problem. They would however like to see all possible measures taken to prevent suicide.

The following is the report in the IAS newsletter on the launching of the findings:

01.11.2006 Minister O'Malley launches findings of survey –

The Minister of State at the Department of Health and Children, Tim O'Malley, T.D., today (Wednesday 1st November) launched the findings of the survey –*Public Attitudes to Suicide*, commissioned by the Irish Association of Suicidology.

The survey was carried out by Millward Brown IMS in Northern Ireland and the Republic.

Minister O'Malley noted that it is an excellent opportunity to discuss the future direction of the suicide initiatives North and South.

Minister O'Malley drew attention to the recent launch of the '*Media Guidelines for the Portrayal of Suicide*'. "The media plays an important part in raising awareness about suicide and suicide prevention and in changing the stigma and attitudes to both suicidal behaviour and mental illness", the Minister said.

The Minister noted that suicide affects all age groups and communities in our society. Few people escape being touched by the devastating effects of suicidal behaviour in their lifetime and the emotional, social and practical repercussions of suicide are felt by family, friends, neighbours and colleagues. One of the findings of this survey is that 74% of respondents in the South and 59% in the North knew someone who died by suicide.

Minister O'Malley said "I recognise the many challenges that lie ahead and I am aware that there are no easy interventions that will bring a guarantee of success. We all have our part to

play in helping those who may experience and face adverse events in life, and emotions and feelings so strong that they consider taking their own lives. We must aim to provide accessible, sensitive, appropriate and, where required, intensive support.”

(IAS Newsletter of Winter 2006 3 (4))

In examining the published materials produced, the media guidelines, research and education resources delivered and written by the IAS it is clear that there was a very significant contribution across education and awareness raising aimed at supporting improved understanding, supporting those at risk, in need and impacted by suicide. In addition the efforts of those involved was aimed at informing professional practice in the subject, such training and information delivery developing as a core activity of the organisation. The dissemination of information on features and aspects of suicidology, suicide prevention and related matters remained central to the outcomes and aims of the IAS and it is important to record the contribution to Irish media management of the complex subject of suicide, supported by the IAS developing media guidelines.

CHAPTER 7

Policy Making and Contribution

From the outset, the IAS contributed to raising the issue of suicide and self-harm in the political context and as a consequence influenced government agenda and developments towards Ireland's first national strategy. Committee members of the IAS have presented to the Joint Committee on Health, sub-committee on suicide prevention in the Oireachtais, also attending meetings with various groups of public representatives. As a political representative and founding member of the IAS, Dan Neville offered a unique gatekeeping capacity, endeavouring to retain the theme of suicide on the political agenda. The networking and support across the houses of the Oireachtais provided a unique opportunity for the organisation to be influential in the work of the National Task Force (1996 – 1998) and the later Reach Out strategy (2005 – 2014).

National Task Force (1996 - 1998)

The background to the establishment of the task force is outlined in Chapter 1, which has also recorded the

discussion of the rationale and establishment of the task force at the 1st conference of the IAS in Adare. Having presented an interim report of the National Task Force on Suicide in 1996, the full report was published in 1998 with 88 recommendations.

Members of the board of the IAS including Myra Barry and Dr. Michael Kelleher were members of the task force and Dr. John Connolly a contributor. There was a significant contribution by the NSRF and many of its findings were presented in the interim and final reports.

In his foreword to the 1998 report, Brian Cowen, Minister for Health and Children emphasised the great significance of the formulation of a suicide reduction prevention strategy as outlined in the report of the National Task Force. He also showed his appreciation for the work of the members of the task force and urged that the recommendations be implemented without delay. It would be a further seven years until the recommendation for a national suicide prevention strategy would be completed with the publication of the Reach Out Strategy in 2005. Despite the delay, the intervening seven years had been exceptionally busy for the organisation. From that time efforts continued to

implement the recommendations of the National Task Force, with a number of significant developments. This included the appointment of the National Suicide Research Group (1998) and the same year witnessed the appointment of Suicide Prevention Officers by the Health Boards. In 2000 the National Parasuicide Register was implemented by the NSRF. The Health Act 2001 included a requirement of accountability by the Minister for Health and Children to report on activities related to suicide prevention.

In an earlier research piece conducted by the author there was noted a certain reluctance for any change in the statutory sector, on receipt of the recommendations in the Task Force, as one participant noted *“once the task force was introduced, it was now political, in that a minister would decide to implement it”*

Matched with this politicisation of the issue, there appeared to be a resistance to particular policy strategies, with some departments feeling that they were already doing the work. In another example, one research participant who works in the field of academia said *“Back along at the Task Force, there was a very strong feeling in the Department of Health (DOH) that the Task Force recommendations were enough at the time, that there*

actually wasn't need for a strategy, so there actually was resistance too"

Report from the National Task Force on Suicide - January 1998:

The report was a follow up to the initial publication in 1996 which articulated, numerically and qualitatively the statistical incidences of suicide and parasuicide and attempted suicide in Ireland. The terms of reference for the 1998 report were to make recommendations on how service providers can most cost effectively address issues of attempted suicide and parasuicide, to identify authorities with jurisdiction and responsibility for suicide prevention strategy and to formulate, following consultation with all interested parties a national suicide prevention strategy. The Task Force report developed a list of recommendations towards a suicide prevention and intervention strategy and included the importance of general practitioner and gatekeeper training. The National Task Force committee comprised 14 members, one of which was representative of a national voluntary organisation. The other 13 representatives were drawn from statutory services including Justice, Health Board, psychiatry and coroner services. Seventy written submissions were received and identified and the consulta-

tion process is described as major in the report. The parameters and terms of reference for consultation across sectors are not discussed in the report. In addition to the seventy written submissions, meetings were also held with a number of those who had submitted views and comments to the Task Force. Those submitting written comment included individuals, representatives from counselling and psychotherapeutic services and a number of identifiable community and voluntary (C&V) organisations.

Among the recommendations of the Task Force report was that a suicide Prevention Officer be appointed to each of the Health Boards. Furthermore, and in line with a United Nations recommendation (1996) a co-ordinating body – National Suicide Review Group – was established to monitor the implementation of the recommendations of the Task Force.

National Suicide Review Group (NSRG) Establishment (1998)

The National Suicide Review Group (NSRG) was established in 1998 by the Chief Executive Officers of the Health Boards in fulfilment of a recommendation made in the Report of the National Task Force on

Suicide 1998. [This development was foretold by Dr. Michael Kelleher in his presentation to the 1st Annual Conference of the IAS in 1996]. This establishment was in keeping with an earlier recommendation made by the United Nations which stated, “National Governments should establish or designate a co-ordinating body to be responsible for the prevention of suicidal behaviour.” (United Nations, 1996).

The terms of reference for the group were:

- To review on-going trends in suicide and para-suicide.
- To co-ordinate research into suicide.
- To make appropriate recommendations to the Chief Executive Officers of the Health Boards.

The first chairman was Michael J. Kelleher and he was succeeded by Bernard Haddigan in 1998.

Reach Out (2005-2014)

Reach Out was the first National strategy on suicide prevention in Ireland. It followed on from the recommendations of the Task Force and also the work of the NSRG to that point.

The proposal to develop a national strategy for action on suicide prevention was approved by the Health Boards Executive (HeBE) at their board meeting of February 26th 2003. The strategy was developed in partnership with the National Suicide Review Group, under the Chairmanship of Geoff Day, and the Department of Health and Children under the guidance of Bairbre Nic Aongusa, Principal, Mental Health Division.

The writing group consisted of:

Mr. Derek Chambers, Research and Resource Officer, National Suicide Review Group (Writing Group Coordinator and Project Manager)

Dr. Ella Arensman, Director of Research, National Suicide Research Foundation

Dr. John Connolly, Honorary Secretary, Irish Association of Suicidology

Mr. Paul Corcoran, Deputy Director/Senior Statistician, National Suicide Research Foundation

Dr. Rosaleen Corcoran, Director of Public Health, HSE North Eastern Area (Project Director, National Strategy for Action on Suicide Prevention)

Quality assurance was provided by an external Reference Group, comprised of national and international experts in the areas of suicide prevention, mental health promotion and related policy. This group included Professor Roy McClelland of the IAS.

One significant development in the Reach Out policy was the degree of international consultation and reference to a more global suicidology sector, with connections having been established by the burgeoning statutory and C&V sector during the '90's. Those with a research and practice interest in suicide prevention established European and international links allowing for collaboration and informing study, research and practice. The establishment of the National Suicide Research Foundation (NSRF) (1995) and the contribution to an understanding of suicide by organisations such as the Irish Association of Suicidology (1996) and academic and C&V research has served to inform understanding and knowledge, based on national and international evidence and good practice. A reference group was established to assist the development of Reach Out drawing on expertise from across a range of academic and specialist national and international research including:

Canterbury Suicide Prevention Project,
Christchurch, New Zealand

Australian Institute for Suicide Research and
Prevention, University of Adelaide, Australia

Department of Social Medicine, University of
Bristol, England

Centre for Suicide Research, Oxford University,
England

WHO Collaborating Centre for Research and
Training for Mental Health, England

Department of Clinical Psychology, Free Univer-
sity of Amsterdam, the Netherlands

Department of Mental Health, Queen's Univer-
sity Belfast, Northern Ireland

Mental Health Commission, Ireland

Research Unit in Health, Behaviour and Change,
University of Edinburgh, Scotland

National Research and Development Centre for
Welfare and Health, Finland

In the lead up to the strategy the newly created HSE

appointed Resource Officers for Suicide Prevention, who were especially helpful during the regional consultation meetings, were gratefully acknowledged in the foreword of the strategy document.

NOSP Establishment (2005)

The idea of creating a National office of Suicide Prevention was a direct result of the workings of the Reach Out strategy which stated

“In order to develop this leadership and to promote coordination, it is recommended that the HSE establish a National Office for Suicide Prevention within the National Population Health Directorate. This Office would be the main driver of strategy implementation. The first task of the National Office would be to initiate work on the following key priorities:

- Stigma reduction and mental health promotion
- The development of a national training programme
- The development of ‘fast-track’ priority referral systems from primary care to community-based mental health services

- The development of an effective service response for people who have engaged in deliberate self-harm or who are acutely suicidal
- The development of bereavement support services
- The improvement of data collection and data use in relation to suicidal behaviour and suicide prevention

The work of the HSE Resource Officers for Suicide Prevention, which will be key to local and regional implementation of this strategy, would be guided by the National Office.”

Another of the tasks of the NOSP was the production of an annual report detailing progress in relation to the implementation of strategy actions in the previous calendar year, beginning with a report in 2006. This annual report would meet the requirement of the Health (Miscellaneous Provisions) Act 2001 which required a report on activities in the area of suicide prevention to be presented to the houses of the Oireachtas each year (this report previously had been a function of the NSRG). An annual service plan would also be prepared, which would propose service developments

for suicide prevention and mental health promotion. The HSE Resource Officers for Suicide Prevention would provide information to the proposed National Office in relation to both the annual report and the annual service plan.

NOSP was established in 2005 to drive and co-ordinate the implementation of Reach Out. The objectives of NOSP are part of the HSE Mental Health Division Service Plan. The present emphasis in NOSP is on funding, partnering, co-ordinating, leading, advising and supporting activities and agencies operating in the field of suicide prevention.

Connecting for Life (2015-2020)

In early 2014, Kathleen Lynch TD and then Minister for Primary care, Social Care and Mental Health commissioned a review of the Reach Out strategy and development of a new national plan to reduce suicide in Ireland. The period the strategy would cover was 2015-2020. A number of advisory groups were established in the areas of, research, policy, practice, engagement and communications/media. Included in the membership of the advisory groups were government departments, policy makers, community leaders, clinicians,

researchers, non-statutory partners and those affected by suicide. The findings and recommendations from these groups were integrated into the evidence for and formulation of the Connecting for Life strategy. A national strategy was to be launched in 2015 and in addition, using the Connecting for Life national plan as a template, local area plans were written in each CHO (Community Healthcare Organisations) area of the HSE. Additional evidence and data influenced what was to be contained within the Connecting for Life strategy, and included:

- An examination of key learning points from Reach Out
- 272 written submissions arising from the public consultation, of which 120 were personal accounts from people directly affected by depression and those who had lost people close to them by suicide
- Research on risk and protective factors for suicide
- Central Statistics Office material
- National Registry of Deliberate Self-Harm research reports, including National Registry of Deliberate Self-Harm Report (2013)

- Policy Paper on Suicide Prevention – A review of national and international policy approaches to suicide prevention, commissioned by HSE NOSP (Pillenger, 2014)
- Review of the evidence base for interventions for suicide prevention by the Health Research Board (HRB) *Suicide Prevention: An evidence review*, commissioned by HSE/NOSP
- International evidence about key elements in effective suicide prevention strategies
- Evidence on social media and social marketing strategies, language and stigma reduction and media reporting issues and interventions
- The WHO 2014 Report *Preventing suicide: A global imperative*
- Review of training linked to Reach Out, commissioned by HSE NOSP.

Source: Connecting for Life (2015)

As stated earlier, once it was decided to review the Reach Out strategy, a framework was put in place by

the National Office for Suicide Prevention (NOSP), with the stated effort to be as inclusive as possible. The process was informed by practice standards and international evidence. This included the 1996 UN guidelines; WHO (2014); and research, review and academic expertise, including HRB Review (by Dillon et al 2015); NSRF; Pillenger, (2014); Ella Arensman and Steve Platt whose perspective on international best practice formed part of the evidence base. As an academic from Edinburgh University and a policy expert, Steve Platt offered knowledge and expertise of the planning and architecture of the Scottish strategy. This informed the view, in *Connecting for Life*, that for a national strategy to be a success it needed to be a whole of society approach.

It would appear that NOSP, having considered the Scottish guidelines, introduced a similar methodology for collaboration and consultations with the various sectors, agencies and public. The *Connecting for Life* document outlines participation as being encouraged through an open submission process and according to the strategy, 62% of all adults in Ireland were reached with the media advertisements. The strategy document reports the receipt of contributions by 272 individuals or groups including service users and their fami-

lies; professional bodies and community interests and organisations, these being examined and distilled as the process developed.

In this strategy the IAS although having some influence through memberships of the various advisory and writing groups did not have quite as big an influence as they had in the previous Reach Out strategy. This could be seen perhaps as a maturation of the sector and as a signaller that already the IAS had met many of the objectives agreed in the vision and mission strategy of the organisation from 1996.

The IAS, according to its introduction booklet, had been working to inform, educate and promote positive suicide prevention policies throughout the island of Ireland. By 2015 awareness about the topic of suicide in the country was high, political will was evident and structures including the NSRF, NOSP and Resource officers were in place and an evidence based strategy, which used a widely consultative approach was being delivered.

It is worth remembering that the suicide prevention policy and strategy process is relatively young as a process in Ireland. Decriminalisation occurred in 1993

and the first strategy Reach Out (2005-2014) was developed as a top-down approach with limited levels of consultation and participation by the C&V sectors. This is related to the developments of the social partnership approaches to policy making and the role of the C&V therein, which was very much in the early stages of development. The development of consultation, engagement and participation across statutory and C&V sectors occurred between the Reach Out strategy and Connecting for Life (2015-2020). In a study of social partnership in Ireland, Adshead (2011) argues that when social partnership agreements are first being made there is less trust, habits and fewer norms, with interactions and negotiations being informed by strategies based on partner's perceptions of their power and shifts in power as negotiations proceed. Given that the review of existing suicide prevention strategy and developing the succeeding Connecting for Life (2015-2020), this opportunity was the first time such level of consultation and engagement between the state and C&V occurred in developing national suicide prevention actions in Ireland.

All Ireland and collaboration in Northern Ireland

The original founders of the IAS were always convinced

that the organisation should have a 32 county focus. In his opening letter to the second Annual conference of the IAS in 1997 the secretary of the IAS, Dr. John Connolly wrote of the hope that the IAS could become a 32 county association and that they were presently talking to representatives from both the voluntary and professional sectors in Northern Ireland. The following year there were board members from Northern Ireland including, Roy McClelland, Sydney Callaghan, Dermot Lynch and Elliot Graham. Important figures from Northern Ireland who worked with and in many cases were board members and officers of the IAS included:

Roy McClelland latterly of Queens University, Belfast who according to Dan Neville did a lot of good work with the IAS over many years and indeed was chairman for some of those years in the early 2000's. **Roy McClelland**, OBE, MD, PhD, FRCPsych was Emeritus Professor of Mental Health in the School of Medicine at Queens University and Consultant Psychiatrist at Belfast City Hospital Trust. He has long been considered as one of the leading authorities on the study of suicide in Ireland. Apart from his work with the IAS, he was involved in a host of other activities

including being chairman of the Bamford Review. This review provides the Northern Ireland community with a road map for reform of services and introduces innovative proposals for legislative reform. He subsequently chaired the Board of Experts appointed by the Minister to champion the Department's response to the Bamford proposals and was a member of the Project Board overseeing the development of new Mental Capacity legislation. Prof. McClelland was awarded the Geneva Prize for Human Rights in Psychiatry in 2002. This prestigious International accolade was awarded for his work in protecting the rights of people with mental illness. Prof. McClelland was also awarded an OBE for services to Medicine in the Queen's Birthday Honours list in June 2008.

Rev. W. Sydney Callaghan O.B.E. (deceased Feb 23 2001)

Reverend Callaghan was founder member of the Belfast Branch of the Samaritans along with a like-minded Catholic priest, the late Father Hugh Murphy. He was a Methodist clergyman and served on the board of the IAS from 1998

until his death. He authored the book *Good Grief*, a book coping with bereavement.

Reverend Callaghan was well known to have helped the marginalised; he raised deposits for housing in Belfast as part of his ministry and was elected president of his church in 1980. He was also well known to shelter even the most dangerous individuals in his home with scant regard for his own safety.

He also helped found the Northern Ireland Hospice where he was also Methodist chaplain. He had been General Secretary of the Council on Social Responsibility of the Methodist Church in Ireland and was one of the longest standing members of the Northern Ireland Mental Health Review Tribunal. The University of Indiana conferred an honorary doctorate on him and he also received an OBE.

His often quoted remark that *“there were far too many Catholics and Protestants in Northern Ireland but not enough Christians”* epitomised W. Sydney’s ministry.

**Dan Thompson, Coroner for South Down,
(joined IAS Board in 2001) (Deceased August
2008)**

Daniel Thompson served for a number of years on the board of the IAS as director and then Vice-Chair of the Association from 2001 until his untimely death in August 2008 due to a swimming accident while on a family holiday in Carlingford Lough.

According to Dan Neville, Daniel was a very valuable member of the board, indeed Dan and John Connolly had pressed him to become the chair of the IAS on several occasions but he unfortunately declined. This was a source of great disappointment to both Dan and John.

Originally a solicitor from Portadown, he also was coroner for South Down. Daniel also was chairman of the DHSS Appeals tribunal and had been a member of the Senate of Queen's University. In 1997 he travelled with his wife and two sons to Buckingham Palace to be presented with a CBE

by the Queen of England for services to Health service and the community.

Barry McGale, Suicide Awareness co-ordinator

Barry served many years on the board of the IAS from 2002. Barry was the first non-American to receive the Roger J Tierney Service Award at the AAS annual conference in Chicago in April 2016. The award recognised the time and effort given by Mr. McGale to advance the associations principles, growth and development, and for applied contributions to the fields of suicidology and crisis intervention.

**Dr. Mary Hutchinson, Coleraine University
Northern Ireland**

Mary served on the board of the IAS from 2001 and was chair in 2008. Mary initially joined the IAS as a bereaved parent and carried out research into the experiences of the bereaved by suicide and voluntary sector support systems available to them in Northern Ireland. Her Doctoral thesis focussed on the voluntary sectors contribution to the development of children's rights within the

field of juvenile justice in Northern Ireland.

Professor Siobhan O'Neill, Professor of Mental Health Sciences, Ulster University.

Siobhan has served on the board of the IAS since 2011. In 2008 she coordinated the largest ever study of mental health in Northern Ireland, the *World Mental Health Survey, NI Study of Health and Stress*. Siobhan also sits on the boards of Directors, and advisory boards of several counselling and suicide prevention services. She has around 200 academic and research papers, including numerous studies of mental health and suicide in Northern Ireland.

Others from Northern Ireland included:

Mr. Jack McLachlan, Samaritans, Northern Ireland

Jack served on the board of the IAS from 2001 - 2005

Dermot Lynch, Project worker, Western Health and Social Services Board. Northern Ireland.

Dermot served on the board of the IAS from 1998 to 2003

Elliot Graham, Community Relations/Rural Development, Northern Ireland

Elliot served on the board of the IAS from 1998 to 2000

CHAPTER 8

Membership: Individual and Organisation

The authors consider the membership services offered by the IAS to be one of the many important roles of the organisation. The IAS offered membership to both individuals and organisations, entitling members to access resources, materials, receive the quarterly newsletter attend conferences and network with other like-minded individuals and organisations with an interest in suicidology as well as professionals in the research and clinician fields.

Many community and voluntary organisations were members down the years and it gave them the opportunity to network with other organisations as well as hearing from prestigious national and international experts at annual conferences and through articles in the newsletters they were kept abreast of much of what was going on in the sector.

Some individuals and organisations attended conference nearly every year and indeed some individuals from those organisations went on to become members of

the board of the IAS. Elizabeth Shirley of the Kildare Suicide Bereavement Support Group was one such as was the aforementioned Dr Mary Hutchinson. Elizabeth and her group attended practically all of the conferences while she personally also ended up joining the board of the IAS.

The IAS 19th annual conference was held in association with the Kildare Bereavement Support Group at Killashee House Hotel, Naas, Co. Kildare, on 8th October 2015. At the time John Connolly said:

“It is appropriate and timely that this conference is being held in Kildare. We are pleased that the conference is so actively supported by the Kildare Suicide and Bereavement Group and we pay tribute to the Group for its dedicated work since its founding in 1997. Over the years since then it has been a leader in developing support for persons bereaved by suicide and is a model that deserves replication throughout the country.”

Organisations such as Elizabeth’s found they got a lot out of IAS membership and are worried that there will now be nothing there comparable to replace it.

In Elizabeth's words:

"Kildare Suicide Bereavement Support Group was founded the year after IAS and we have been represented at every annual conference. For us it provided a great platform with all the speakers and a great opportunity for networking. As our group progressed we used some of the IAS presenters for workshops/public evenings etc. in Naas."

This is the big gap in the '*tapestry of response*' the phrase which was first used by Dr. Michael Kelleher on the founding of the IAS back in 1996. The danger is that many of the community and voluntary organisations go back to operating independently of each other and the many statutory bodies and NGOs which are now seen as critical to the state response to suicide and self-harm in Ireland. It could be said that it is as if the aforementioned tapestry is now missing a very important panel.

Other groupings which would miss out would include the many local government representatives who could network with others while all the time learning about a serious problem which affected their constituents. An informed county council would be in a better position

to champion causes brought to them by local groups who may not benefit from state funding.

Another gap is that there is no other organisation that adequately represents the lived experience. The NSRF as a research organisation, are assuming some of the duties conducted by the IAS, for example, the NSRF hosted the early Career Research Conference in 2019. They are not a membership organisation and therefore there remains a gap in Irish suicidology about the networking, membership themes and practitioner conferences and networking. There is now a gap on the practitioner side of the house of it which the IAS used to fill.

Networking and Information

As outlined in the previous section the IAS conferences were seen as an ideal place for particularly the non-statutory organisations that were neither professionals nor clinicians to meet; network; exchange information and ideas; while at the same time having access to expert speakers and involvement in workshops.

There was also an opportunity for networking with prestigious international speakers by the likes of the

clinicians and professionals who attended. Those groups however have many other means of networking thus including their own conferences and professional associations and journals.

Access to information was also a major thing for these organisations as they were exposed to the very latest in suicidology by National and international experts at conference and through the newsletters. Where now will these people and organisations get their exposure to that level of information?

Accreditation of voluntary organisations

In the IAS newsletter of Summer 2011, 7(2), the then CEO of the association, Mr. Declan Behan described the burgeoning Community and Voluntary (C&V) suicide prevention sector in Ireland. It was estimated that there were between 350 - 500 organisations involved in local, regional and national suicide prevention, intervention and postvention activities. It was recognised that there were no accurate figures of the size of the sector, which was fragmented with many groups working in isolation. Parts of the country were over-subscribed with support organisations while gaps existed in support services in other parts.

At the time, there were increased rates of suicide in both 2008 and 2009 and it was considered timely by the IAS to pull together the collective knowledge of all groups working in the sector by creating a national forum to which regional networks can input into and learn from. The Irish Association of Suicidology contribution was to act as the facilitator in taking the next step. By establishing an Accreditation model for groups working in suicide prevention the IAS aimed to create a sector that:

Can offer an improved response to those that require our services.

Ensures that as suicide prevention groups we look after ourselves, volunteers and staff.

Create a forum where experience from innovation and knowledge of our mistakes can be shared.

In November 2010 the IAS made a proposal to the then minister with responsibility for Mental Health, Mr. John Maloney, to develop an Accreditation Model that could develop partnerships which would help organisations work more efficiently.

The IAS model is based on the AAS model where the

sector sets the standards based on best practice within their own organisations. Having set standards groups are encouraged and supported to reach these standards. With the Ministers support for the model, funding to develop the model was agreed with the National Office of Suicide Prevention to commence work.

In the Autumn 2011 issue of the IAS newsletter, John Connolly wrote:

“..that most important at the time was perhaps the initiative in partnership with other voluntary organisations to develop standards for the accreditation of voluntary groups to ensure high standards of service delivery.

Cooperation between voluntary groups in suicide prevention is essential. There is little room for wasteful duplication of effort particularly in these difficult times. Voluntary organisations working together, setting high standards for the delivery of services in the light of research findings and developing good practice guidelines can make a substantial difference and achieve things in partnership with the statutory services that neither can deliver on their own.”

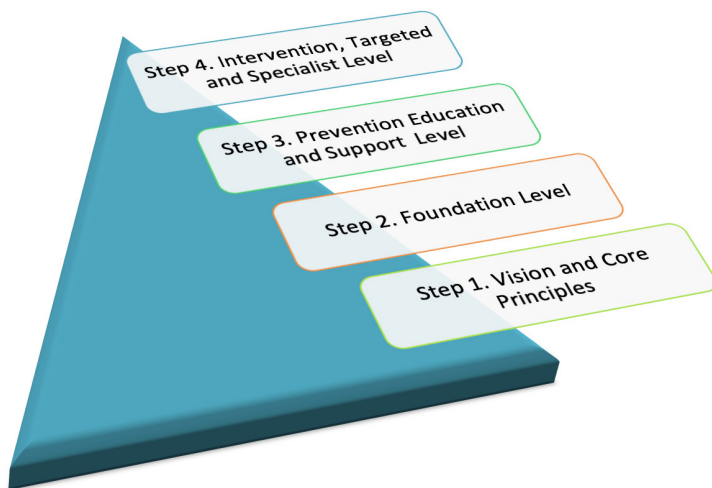
After initial consultations with a small group of organisations, 100 were consulted to see if and how an Accreditation model could work in the suicide prevention sector. The result was the endorsement of the need for such a model and the importance of this being developed and run by the sector was emphasised. The time frame for the development of the model was one year with a further two years required to transition groups from their current operating practices to the accredited model.

Following on from this The University of Ulster was engaged to complete a report with proposals which was presented to the National Office of Suicide Prevention of the HSE in 2013.

The research, Friel, B. and Gallagher, S. (2013), *Researching Quality Systems and Developing Accreditation Standards for Voluntary Suicide Prevention Organisations in Ireland*, consisted of an accreditation model, “STEP”, which had of a distinct set of standards for organisations working in the areas of suicide prevention, intervention, postvention and online methodologies. Unfortunately the research and the model were not launched, and the implementation of the accreditation model across the sector did not occur.

8.1 The STEP Model

The model of accreditation was developed as a layered and “stepped” approach with a foundation level and increasing levels of accreditation linked to the practice of organisations. The model is outlined below:



Each item contained in the STEP Model of accreditation is written as a statement of action or behaviour (e.g. “the organisation has a strategic plan”). Organisations will identify at which step they operate and will clarify the services of the organisation against the matrix of statements of good practice.

(From Friel, B. and Gallagher, S. (2013), *Researching Quality Systems and Developing Accreditation Standards for Voluntary Suicide Prevention Organisations in Ireland.*)

In an interview with the Irish Independent on July 1 2018 to mark the 25th anniversary of the decriminalisation of suicide in the state, Dan Neville referred to the accreditation process:

“There are now in excess of 250 NGOs involved in suicide prevention. These organisations and community groups make an invaluable contribution to reducing suicide in Ireland. These range from national organisations to local community which are often set up as a result of a local tragedy. In 2013 the Irish Association of Suicidology proposed an accreditation process for voluntary groups in the field of suicide prevention. This involved comprehensive engagement with the NGOs. The University of Ulster was engaged to complete a report with proposals which was presented to the National Office of Suicide Prevention of the HSE and adopted. This would establish advising and evaluating the operation of groups to establish best practice in

conducting their valuable work. This has not been implemented by the HSE.”

(Irish Independent July 1 2018)

CHAPTER 9

The IAS and Global Connections

The history and narrative of the IAS is interlinked and runs parallel with international developments in suicidology research, education and knowledge exchange. As outlined in earlier chapters, following the 1996 meetings in the United States, the idea for an Irish association was formed and followed up by Michael Kelleher, Dan Neville and John Connolly. Michael and Margaret Kelleher along with John Connolly, with their professional networks in psychiatry extending across U.S., U.K. and Europe, found that attracting prestigious international speakers to events such as the annual IAS conferences was not beyond them.

November 1994 saw the establishment of the National Suicide Research Foundation (NSRF) with the aim of investigating the extent of suicidal behaviour and its possible causes in Ireland. Originally called Suicide Research Foundation Limited it was originally established by Michael Kelleher with two years of funding by Brendan Howlin TD, Minister for Health

and the profits of the 5th European Symposium held in Cork earlier in 1994. Furthermore, in collaboration with Dr John Connolly, Margaret Kelleher and Maura Daly (among others) international association, involving knowledge exchange, research and conferencing soon developed as an integral part of the developing suicide prevention sector in Ireland. The European and global networks in suicidology were thus established and this internationalisation of suicidology was to continue for the Irish Association of Suicidology (IAS) vision and mission until the present day.

The association formed in 1996, spurred on to do so, according to John Connolly, by the work the founder members were carrying out for the National Task Force on Suicide prevention (1996-1998). As the IAS developed and Ireland, through the economic growth influenced by European Union membership, also became more European and global in perspective and outlook, funding streams became available to support collaborative practice and research in many areas of health, including suicide prevention, intervention and postvention.

The development of a global suicide prevention

sector changed the practice environment, influencing, informing and shaping suicide prevention development across many countries, including Ireland. The sector became and continues to be global reflecting less geographical boundaries than in the past. Sovereign policy and practice developments became increasingly influenced by global and European decisions. This reflected the increased exchanges in knowledge and ideas shared across Europe and indeed the wider world. These exchanges included, and remain communications, academic research and literature. This environment was further influenced by more cross-border, inter-organisational, cross-discipline and varied relationships established over the years from 1994 to the present day. Moreover, the development of the internet and digital technology facilitated access to international information, communication and networking, both between governments, or statutory sector and stakeholders with a vested interest in the subject area, thereby informing and influencing research, practice and policy development.

According to Ella Arensman, currently chief scientist / research professor of the NSRF: *“many countries in Europe, including the Netherlands, looked to Ireland in the 1990’s to see how we were doing things as it was seen*

that the Irish were not individuals in their approach. At the time people in the field in the Netherlands wished they had an IAS type organisation there. Although they had awareness, the work in the community just was not there.”

Ella herself had come to Ireland in the mid 1990's. Previously she was a researcher at Leiden University, the Netherlands, where her supervisor Ad Kerkhof (another internationally renowned expert in the field who was also a speaker at the IAS annual conference in 2005) happened to be a friend of John Connolly. She has spent over 30 years involved in research and prevention into suicide and self-harm, with emphasis on risk and protective factors associated with suicide and self-harm and effectiveness of suicide prevention and self-harm intervention programmes. Ella is an expert advisor for WHO and was a key contributor to the WHO Report – *‘Preventing Suicide: A Global Imperative’* (WHO, 2014).

Dr. Margaret Kelleher in her interview with the authors for this piece stated that “Networking was crucial!”

IASP

The International Association for Suicide Prevention (IASP) was founded by the late Professor Erwin Ringel and Dr. Norman Farberow in 1960.

According to its website, the IASP now includes professionals and volunteers from 77 countries. IASP is a Non-Governmental Organization concerned with suicide prevention. It is the largest international organization dedicated to suicide prevention and to the alleviation of the effects of suicide.

The International Association for Suicide Prevention (IASP) is dedicated to:

- preventing suicidal behaviour,
- alleviating its effects, and
- providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors.

(IASP website)

From its establishment in 1996 the IAS always

worked in tandem with the International Association of Suicide Prevention (IASP). Indeed Michael Kelleher was a first vice president and John Connolly was editor in chief of *Crisis Journal*, the journal of crisis intervention and suicide prevention which is published under the auspices of the IASP, for 8 years around the turn of the millennium. During his editorship and indeed before and after that John was responsible for many papers and opinion pieces published in this important international journal.

More recently (2016-2017) Professor Ella Arensman, a frequent contributor to IAS conferences and newsletters and chief scientist at the NSRF, was elected president and is currently a member of the College of Presidents of the IASP.

In 2004, Professor Brian Mishara of the University of Quebec, Montreal spoke at the 4th National Conference for schools run by the IAS. Brian was a past president of the IASP and is also currently a member of the aforementioned College of Presidents of the IASP. He is also an author of many books on the subject of suicide in both English and French languages. This is another good example of links with international organisations yielding benefits to the

work of the IAS in Ireland.

In 2007 the IAS hosted the 24th world congress of the IASP in Killarney Co. Kerry.

International Association for Suicide Prevention (IASP), XXIV World Congress, Killarney, Ireland 2007

There was no Annual Conference of the IAS in 2007 as the association hosted the XXIV Biennial Conference of the IASP in Killarney from 28th August to 1st September 2007. The title of the conference '*Preventing Suicide Across the Lifespan: Dreams and Realities*' was intended to capture the complexity of the multifaceted phenomenon that is suicide and the fact that every country and society in the world is faced with this tragic problem.

The conference attracted a great deal of Irish and international interest. Over 800 delegates from 47 countries attended; a truly international gathering. The scientific committee received 560 submissions covering all aspects of suicide and suicide prevention giving rise to a very busy conference programme with a high scientific content. There were nine plenary

sessions covering cultural and biological aspects of suicide, media and copy-cat suicide, and the different pathways to suicide of people in all age groups.

There were two major pre-conference workshops, one sponsored by RehabCare dealing with the important topic of suicide and the internet. The internet by and large is a force for good but there is a need to find ways of controlling and limiting the harm of the sinister sites and internet chat rooms that advocate suicide, a difficult and controversial issue. The second pre-conference workshop was a symposium on bereavement through suicide, dealing with the plight of survivors of suicide and the need for support groups for this much neglected group.

The Minister of State at the Department of Health and Children with responsibility for Mental Health, Dr. Jimmy Devins, T.D. formally opened the conference and subsequently attended many of the sessions. The highlight of the conference was the address delivered by President Mary McAleese. Her address captured very eloquently the spirit of the conference and its aims and objectives. She reminded us that all parts of society must work together to reduce suicide rates. She highlighted the problem of alcohol and drug abuse,

social exclusion and the plight of marginalised groups, for example, the lesbian, gay, bisexual and transgender communities and their high risk of suicidal behaviour.

(Extract from NOSP annual report 2007)

Most recently in September 2019 the 30th hosting of the event returned to Ireland. The city of Derry / Londonderry was the home of the conference entitled *'Breaking Down Walls – Building Bridges'* thanks in no small part to sterling work by the Co-Chairs of the organising committee: Professor Siobhan O'Neill, Barry McGale and Rory O'Connor. Siobhan is also a long standing director of the IAS as was Barry while Rory as a good friend to the IAS has contributed much to the association over many years.

Others including Ella Arensman and Eileen Williamson of the NSRF, again a past director of the IAS, were also on the local organising committee.

American Association of Suicidology (AAS)

In 1958, Norman Farberow and Edwin Shneidman launched the first centre of its kind, the Los Angeles Suicide Prevention Center (LASPC) with the psychiatrist Robert E. Litman, M.D., as its director.

By 1960 Farberow, having collaborated with Erwin Ringel together created the newly established IASP as referred to in the previous section.

The American Association of Suicidology (AAS) has been in existence since 1968. It was founded by the aforementioned Edwin S. Shneidman.

These two eminent Americans were considered to be the fathers of modern suicidology along with Ringel. John Connolly in his interview revealed that he had known both through his professional research and contacts with both the IASP and AAS.

Indeed, the AAS and the IASP both held influence over what was to become the IAS through association and networking established in the years preceding the establishment of the IAS by John Connolly, Michael Kelleher and his wife Margaret. They had attended conferences and seminars run by both organisations and had built up a wealth of contacts, developing a collaborative approach and knowledge exchange over several years.

According to John Connolly there also were other contacts that contributed to suicide prevention

developments. He discussed a relation of Dan Neville, Father Charles T. Rubey who founded the LOSS organisation in 1979 working with those bereaved by suicide in Chicago. This organisation was associated with the work of Edwin Shneidman and continues to provide services at the present time.

As stated in previous chapters of this account, the meeting in St. Louis in 1996 at the AAS conference proved instrumental, in at least its timing, to the establishment of the organisation.

John explained that the IAS loosely modelled itself on the AAS but would be unable to replicate everything in the American association because of the sheer scale of practice in the United States.

“The AAS which of course was a much bigger organisation than ours at that stage. It had all kinds of subgroups to do with the bereaved, people who had tried suicide, attempted suicide and so on and so forth.”

Over the years many speakers from the AAS travelled to Ireland to speak; present papers and engage in workshops and discussions at events run by the

IAS. This was in no small part down to the network of contacts built up as outlined above.

CHAPTER 10

Milestones in Suicide Prevention in Ireland – Timeline

Suicide was decriminalised in 1993 after a lengthy campaign led by then senator and now retired TD Dan Neville. The passing of the Criminal Law (Suicide) Act (Irishstatutebook.ie, 1993), facilitated efforts to research suicide openly, develop strategies for suicide prevention and lobby for policy. The key milestones in the timeline of suicide prevention developments are articulated as follows:

1994: (November) National Suicide Research Foundation (NSRF) established aimed at investigating the extent of suicidal behaviour/possible causes. Originally called Suicide Research Foundation Limited. Set up by Michael Kelleher with two years of funding by Brendan Howlin TD, Minister for Health plus the profits of the 5th European Symposium in Cork earlier in 1994. The first two employees were Eileen Williamson and Paul Corcoran Nov 1994.

1995 (November): Minister for Health, Michael

Noonan, establishes National Task Force with terms of references that included: to define numerically and qualitatively, the nature of the suicide, attempted suicide and parasuicide problem in Ireland; the associated costs involved and to identify the various authorities with jurisdiction and make recommendations on how service providers can most cost effectively address the problems of attempted suicide and parasuicide, to formulate, following consultation with all interested parties, a National Suicide Prevention/Reduction Strategy.

1996: Interim report of the Task Force

1996: Irish Association of Suicidology (IAS) established - its aim the promotion of public/professional awareness of suicide prevention.

1998: Final Report of the Task Force (86 recommendations)

1998: National Suicide Review Group (NSRG) was appointed by the Chief Executive Officers of the Health Boards.

1998: Health Boards appoint Resource Officers for Suicide Prevention, supported by Regional Steering

Committees.

2000: National Parasuicide Registry was implemented by the NSRF.

2000: Media Guidelines on Reporting Suicide launched by Irish Association of Suicidology (IAS) and Samaritans

2001: Suicide in Ireland: a national study 2 was published providing in-depth information on 2 years of suicide data in Ireland.

2001: Health (Miscellaneous Provisions) Act 2001 was passed, requiring the Minister for Health and Children to report annually on the activities of Health Boards in the area of suicide prevention.

2001: Medicinal Products (Controls of Paracetamol) Regulations

2005: Reach Out, the National Strategy for Action on Suicide Prevention, was launched by the Minister for Health and Children, Mary Harney TD.

2005 NOSP established

2005: The Joint Oireachtas sub-Committee on High Level of Suicide in Irish Society was set up to investigate the phenomenon of suicide and to report on the matter. A sub-committee of The Joint Committee on Health and Children which was established in November 2002.

2006: Seventh Report: The High Level of Suicide in Irish Society.

2007: National Office for Suicide Prevention commissions a study through the HSE to inform a national mental health awareness campaign.

2015: Connecting For Life: Suicide Prevention Strategy

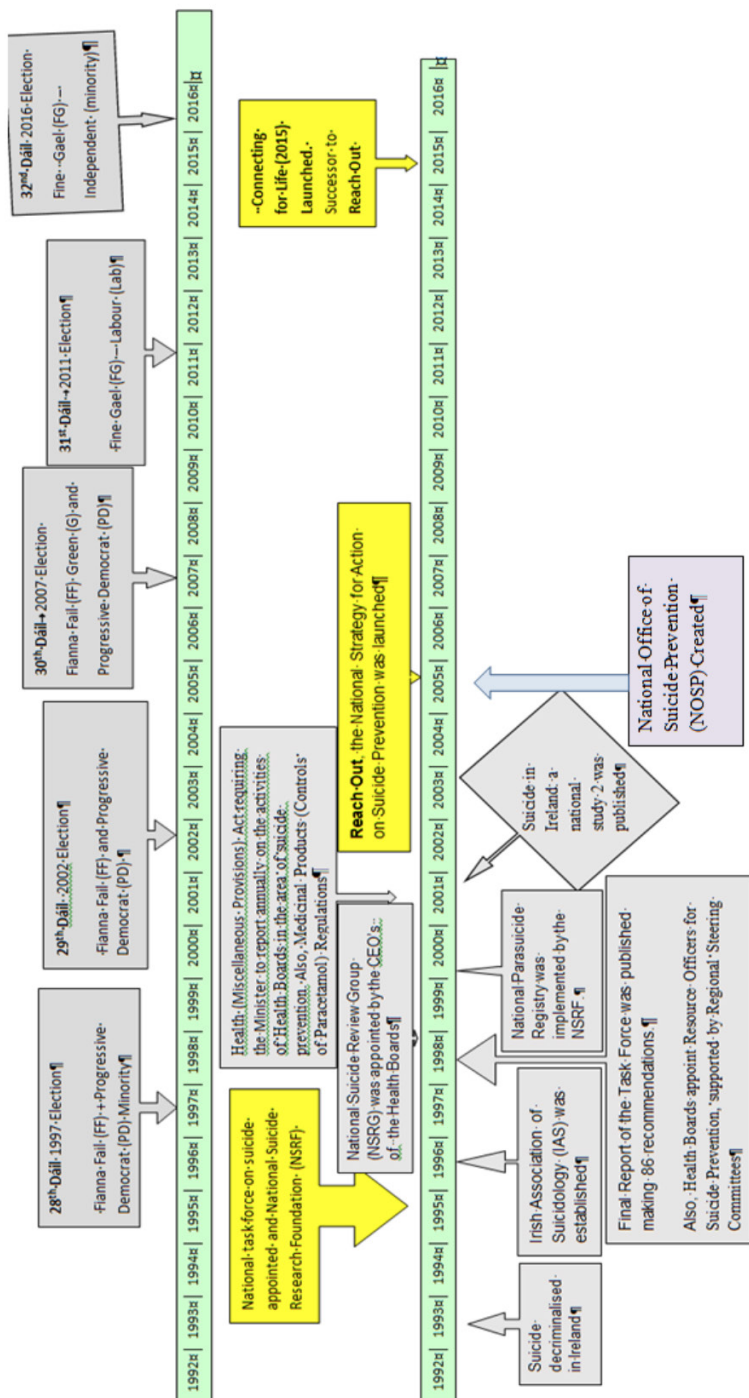


Figure 10.1 Timeline of major events in Suicidology in Ireland.

CHAPTER 11

Changes in the Landscape

From its inception (1996 to 2004), the IAS was housed in St. Mary's Hospital in Castlebar, in a set of rooms which was basically John Connolly's office! The organisation relocated to new premises in New Antrim Street in Castlebar, with the official opening at New Antrim Street performed by Mary Harney T.D., Tánaiste and Minister for Health on 19th June 2005.

During the sojourn at St. Mary's, John Connolly was very appreciative of all the hospital did for the association, stating:

“And of course initially when we were founded, the headquarters was in St. Mary's hospital Castlebar, where I was RMS at the time – The resident medical superintendent, but it wasn't resident at all. The last of one of two I think that holds that particular post. Now they're clinical directors. But they really supported us, that hospital. We had the help there, phones, all the rest of it for quite a few years.”

Throughout its early history, the IAS faced a number of challenges. It was very successful in its work of raising awareness, acting as a forum where all interested parties could network and learn from each other. As time passed however, it became evident that many of the initial objectives of the IAS had been achieved, it became apparent around 2008 that a re-focus and strategic planning about the direction the association would be helpful.

The successful hosting by the IAS of the XXIV Biennial Conference of the IASP in Killarney from 28th August to 1st September 2007 also afforded an opportunity for review and reflection about the strategic direction of the organisation. The title of the conference was: *Preventing Suicide Across the Lifespan: Dreams and Realities*. The conference attracted a great deal of Irish and international interest and over 800 delegates from 47 countries attended.

Encouraged by Tony O'Connor, a director of the IAS who took a leading role in the process of refocusing the organisation, an evaluation, review and examination of the association and its role, was conducted by an independent consultant, Neasa Cummins. A number of recommendations were adopted, most notably

that the association move the headquarters to a more central location in Dublin. At this time Dan Neville approached Neasa's employers, A.I.B., regarding their attitude to her becoming a director of the Association and there was support for this from them and Neasa readily agreed to the suggestion. According to John Connolly Neasa's contribution was significant in supporting the management and HR in Castlebar and subsequently following the move to Ballsbridge in Dublin in July 2009. Neasa remained a committed member of the board of the IAS, managing many demanding issues regardless of her other commitments at the time.

A second recommendation was that the Association would benefit by the appointment of an executive led by a CEO and Mr. Declan Behan, who had been seconded from the NOSP, was appointed in 2010. Declan Behan remained in position until 2012. At this point in time there was further restructuring when the association reverted to a leadership model consisting of a chairperson (Dr. Justin Brophy) and board of directors.

Funding was initially received from the health boards, later the HSE and the National Office of Suicide Pre-

vention. The IAS still functioned with a limited budget for the completion of its projects. The grants received were augmented by membership fees, fundraising events by members of the public and organisations plus donations made via the facility on the association website. There were several fundraising theatre nights which commenced in Summer 2011, the first time the IAS held a fundraiser for the organisation and there were intermittent National Lottery funding



for certain events. At a time of deepening economic recession these funding streams started to narrow and increasingly made the work of the association harder to finance.

[John, Dan and Neasa with Sabina Higgins, wife of President Michael D. Higgins at the 'Importance of Being Earnest' by Oscar Wilde. Organised by IAS 2012 at Dublin Castle]

In one of many measures to cut costs, travel to International events by board members ceased during Dr. Justin Brophy's tenure as Chairperson, thus a negative consequence limiting the capacity for the invitation of international speakers who had presented at previous annual conferences.

After the introduction of the Reach Out strategy in 2005 and the setting up of the NOSP which largely replaced the NSRG, perhaps, in retrospect, there was an opportunity for the IAS to become more strategic in its focus by a possible alignment with the NSRF. Already the two organisations had very close ties from their respective inceptions and indeed had several common directors throughout their history. The NSRF could concentrate on what they did best which was the research at both national and international levels while the IAS could concentrate more on advocacy, local networking while still providing a forum for all the interested parties who attended the conferences and received the quarterly newsletters through their membership of the association. The IAS could have shed its awareness role and left that in the hands of NOSP. Both organisations had wonderful international links with the AAS, IASP, WHO and the European bodies. The IAS or the NSRF could also have been a

home for the accreditation of voluntary organisations as either would be independent of statutory control which would have been crucial to its success.

The vibrancy that came with a non-statutory controlled forum such as that which the IAS facilitated could never be replicated by a statutory controlled model which undoubtedly could never be seen as independent. The unintended danger there being that by trying to govern C&V or NGOs you over-corporatize them thus enlarging the monster you were seeking to control.

The last conference that the IAS held was in 2016 in Killarney. Since then, they have experienced a restriction of funding, thus limiting capacity of the organisation to operate both executively and administratively. The office in Ballsbridge closed and the remaining directors have endeavoured to consolidate and reflect on the purpose and function of the IAS, increasingly recognising that the association would cease its activities, a substantial loss to the suicidology sector in Ireland. The association contributed significantly to suicide prevention developments nationally and internationally, but as the sector matured, its functions in the recent

years did not appear to be perceived as integral to future developments. The author's assertion is that the nature of the sectors changed and the future of suicide prevention in Ireland has strategically moved in an alternative direction.

It is impossible to guess how long it would have taken for a national suicide prevention strategy to be developed, if the nation had waited for a top-down political response to deal with the tragedy of suicide and self-harm. In the absence of the efforts of Dr. Michael Kelleher, Dan Neville T.D. and Dr. John Connolly who engaged with this difficult theme, it would not be outlandish to wonder when or if anything would have happened, given that many of the statutory and C&V organisations may not have existed were it not for the principals involved in decriminalisation, the setting up of the Task Force and the establishment of the NSRF and IAS.

Conclusion

Suicidology in Ireland owes much to the IAS and the determination of its founders whose efforts to address the issue of suicide in Ireland commenced in the 1980's. The organisation accomplished much of what

it set out to achieve in 1996, exceeding the vision of the founders, and consolidating an immensely important role in raising awareness, decriminalising and de-stigmatising suicide and creating the conditions for policy formation for the island of Ireland.

The contribution of the IAS to the work of the National Task Force and the subsequent development of legislation had a profound impact, alongside the research and practice of its sister organisation, the NSRF. It appears to the authors that the vision of Michael Kelleher was a multi stranded one. He realised that no one organisation or sector would solve the problem of suicide, parasuicide and self-harm in Ireland. He referred to the desired approach as being a *'tapestry of response'* that included the NSRF; IAS; Task Force and subsequent NSRG; the later NOSP, Department of Health and Mental Health Ireland. Michael Kelleher ensured that international evidence informed practice and he helped establish collaborative approaches through links with AAS, IASP, WHO, and the UN giving the IAS an opportunity for international co-operation.

The Annual conferences provided a forum where all interested parties could meet, create knowledge

exchange and develop networking. Conferences attracted media coverage, highlighting the developing sector, promoting education and prevention activities aimed at reducing suicide and most importantly raising awareness.

The eight schools' National conferences had a significant impact, contributing to improved knowledge and shared expertise around the suicide prevention in a formal education setting. By introducing the award for Early Career Researchers, the IAS cultivated an innovative addition to the research sector, with this award and research conference being carried forward by the NSRF who held the most recent event in October 2019. The IAS had hoped to broaden the scope of conferences and specialist, thematic seminars in support of other professions, however this is an outcome that was incomplete due to resource limitations, the capacity of the organisations and changes across the sector.

It is also evident that a significant achievement for the IAS was the Media Guidelines developed with the Samaritans, and publications including the Suicide Prevention in Schools: Best Practice Guidelines (2000) offered valuable resources across the sector.

The function and purpose of the IAS changed significantly as the sectors developed, with NGOs and national voluntary organisations assuming responsibility for aspects of the work, NOSP leading in the delivery and review of national strategy and the NSRF developing national and international leadership in research, and collaboration with WHO, IASP and the UN.

Interviewees succinctly described the legacy of the IAS, as *leaving a large footprint on the landscape of suicide prevention in Ireland.*

“At its most fundamental level it gave voice to three things, there was a problem and they were very successful in this. There was a need for coherent response to this problem and they got all of society engaged around that. –These were the most fundamental things they did and it allowed for key actors to become involved.”

Additional comments from interviewees included:

“In its absence when would a Top-down approach have happened?”

“Independent body was required for lived

experiences, they offered that space.”

“The LAS helped to de-stigmatise suicide.”

“The work by ordinary people broke down taboos and stigma.”

“The LAS was dealing with people and not just data!”

“Networking was crucial and the LAS facilitated that”

“LAS was good at promoting the C&V in suicide prevention”

“LAS was highly successful in creating awareness and help in Ireland.”

“Ties with international organisations enable knowledge of strategies employed elsewhere. Also led to some international speakers attending LAS conferences.”

With the closure of the IAS it is important to consider a number of emerging gaps in activities and functions

that were offered by the organisation. Firstly, the membership for C&V suicide prevention, intervention and postvention organisation function is not replicated in any other forum. As an independent body the IAS offered the newsletter, membership services and conferences. The latter facilitated exchange of knowledge, practices and programmes, quite different from research but offering a multi-disciplinary forum for stakeholders involved in suicide prevention. The vibrant annual conferences, seminars and newsletters will be missed and there is one less independent body representing the sector, as the IAS did for many years.

The Irish Association of Suicidology surpassed the expectations as outlined by its founders, who articulated the objectives of the I.A.S. in 1996 as:

To facilitate communication between clinicians, volunteers, survivors and researchers in all matters relating to suicide and suicidal behaviour.

To promote awareness of the problems of suicide and suicidal behaviour in the general public by holding conferences and workshops and by the communication of relevant material through the media.

To ensure that the public is better informed about suicide prevention.

To support and encourage relevant research.

To encourage and support the formation of groups to help those bereaved by suicide.

The work of the IAS is and will be complimentary to the work of the National Task Force on Suicide and whatever monitoring mechanism is set up when the present group has completed its assignment.”

The objectives outlined above from 1996 have been achieved and exceeded. Those involved in the IAS, from its founders, to the board and the members of the association deserve to be commended for their individual and collective role in the association's contribution to developing, shaping and changing the landscape of suicidology in Ireland.

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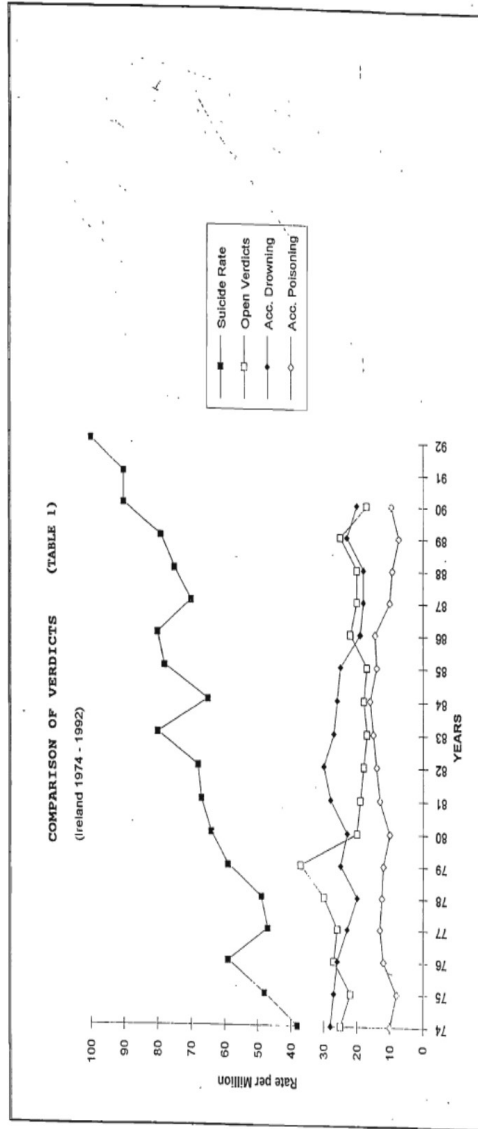
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ABBREVIATIONS

AAS	American Association of Suicidology
CHO	Community Healthcare Organisations
CSO	Central Statistics Office
C&V	Community and Voluntary
DOH	Department of Health
EU	European Union
HRB	Health Review Board
HSE	Health Service Executive
IAS	Irish Association of Suicidology
IASP	International Association for Suicide Prevention
NI	Northern Ireland
NOSP	National Office for Suicide prevention
NSRF	National Suicide Research Foundation
ROI	Republic of Ireland
TD	Teachta Dála (member of Dáil Éireann, lower house of Irish Parliament)
UN	United Nations
WHO	World Health Organisation

APPENDICES



Appendix 1. Rates of suicide 1974 – 1992 (Source NSRF Report 1995)

Year	No.	Venue	Town	County	Conference Theme
1996	1	Dunraven Arms Hotel	Adare	Limerick	Suicide in Ireland - A growing Problem
1997	2	Hotel Kilkenny	Kilkenny	Kilkenny	Suicide - Human Tragedy: Global Responsibility
1998	3	Welcome Inn Hotel	Castlebar	Mayo	Suicide Prevention
1999	4	Broomhill Hotel	Derry	Derry	Living with Loss
2000	5	West County Hotel	Ennis	Clare	Youth Suicide
2001	6	Silversprings Hotel	Cork	Cork	Suicide and Mental Health. What counts. What's new. What works.
2002	7	Europa Hotel	Belfast	Antrim	Youth Suicide : The Challenge for Prevention
2003	8		Limerick	Limerick	Suicide and Older People
2004	9	Talbot Hotel	Wexford	Wexford	Suicide Prevention. What You Can Do
2005	10	Armagh City Hotel	Armagh	Armagh	Spiritual & Ethical Issues of Suicide
2006	11	West County Hotel	Ennis	Clare	Women's Health and Suicide
2008	12	Sheraton Hotel	Athlone	Westmeath	Youth Suicide in a Changing Society
2009	13	Dunraven Arms Hotel	Adare	Limerick	Surviving Recession: Promoting Mental Health and Preventing Suicide

Appendix 2. List of Annual Conferences of the IAS

2010	14	Radisson Blu Hotel	Rosses Point	Sligo	Self-Harm: Sometimes we all hurt - but help is here
2011	15	Radisson Blu Hotel	Farnham Estate	Cavan	Suicide Prevention - Supporting families in crisis
2012	16	Mount Wolseley Hotel	Tullow	Carlow	Learning to listen: A Suicide Prevention Conference
2013	17	City Hotel	Derry	Derry	Building Resilience and Promoting Recovery
2014	18	Hotel Westport	Westport	Mayo	Living Closer to the Edge. 'Suicide and Self-Harm at Ireland's Margins
2015	19	Killashee Hotel	Naas	Kildare	Cherish the Young. 'Suicide Prevention and Young People'
2016	20	The Brehon Hotel	Killarney	Kerry	From Hope to Action' Interventions that work for Suicidal Persons

Appendix 2. List of Annual Conferences of the IAS (cont.)

Appendix 3 President Mary McAleese Speech

Remarks by President Mary McAleese at the Irish Association of Suicidology's 14th Annual Conference *"Deliberate Self Harm"*

Dia dhíbh go léir a chairde. Is cúis mhór áthais dom bheith anseo libh inniu ag an ócáid speisialta seo. Tá mé buíoch díbh as an chuireadh agus an fáilte fíor-chaoin a chur sibh romham. My thanks to Dr. John Connolly for the invitation to join you at this the fourteenth Annual Conference of the Association.

In the fourteen years since the foundation of the Irish Association of Suicidology, as you have gathered at each successive annual conference, the true story of suicide in Ireland has, thanks to you, revealed a little more of itself. You have involved yourselves in the difficult tasks of peeling back the tight-packed layers of taboo, forensically examining the facts through scholarly research, engaging with groups and individuals who have a unique professional or personal insight into suicide, educating the public on prevention and post-vention strategies, guiding fresh policy initiatives aimed at prevention and a host of other important things which allow us to acknowledge that this issue

is on the national agenda now in a way that it was not when you started.

Today, thanks to your advocacy we can no longer deny the harsh reality that suicide, attempted suicide and self-harming behavior are a serious public health problem. We know that some groups are particularly vulnerable and there is no doubt that youth suicide in particular leaves a legacy of colossal loss but in truth you are helping all of us to come to terms with the fact that suicide and suicidal behaviour is not confined to one age group or gender and wherever it manifests itself it is an indicator of someone who has run out or thinks they have run out of coping skills and options.

As you unpack the full story of suicide you are discovering like Thales that you do not step in the same river twice or indeed as his pupil remarked, you do not step in the same river once. You are dealing with a complex phenomenon and one-size-fits-all solutions are no solutions at all, which is why a broad spectrum, cross-disciplinary, multi-sectoral approach is so essential if we are to have any reasonable chance of reducing the suicide and self-harm statistics.

The river of our lives has changed its course very

dramatically with the recent sudden economic retrenchment and of course we all know anecdotally and experientially the new levels of personal stress and anxiety these tough times have provoked. Financial pressures, unemployment, poor employment prospects do not create a healthy human backdrop and sadly, the observed evidence coming from front-line workers in hospitals, support services and NGOs has now been confirmed by the 2009 statistics showing an increase in the number of deaths by suicide.

As we try to understand and analyse the processes which lead to these sad statistics and as we try to take an integrated and inclusive approach nonetheless it makes sense to do what you are doing here, to concentrate the focus of this conference on one very specific element – deliberate self-harm - so that it can be illuminated strongly with many lights fully cast on it rather than seeing it in the weaker light reflected from a discussion focused elsewhere. Why this focus? Because research has shown that self-harm is one of the most significant risk factors associated with suicide, with those who engage in self-harm twenty times more likely to eventually die by suicide. So the light cast on this issue illumines our insight into suicide and gives us a very real opportunity to engage

with people who are self-harming and to help devise more customised and effective strategies to guide them away from the risk of suicide.

Since 2005, the National Office for Suicide Prevention has made additional resources available to put in place experienced psychiatric nursing staff in emergency departments to respond to deliberate self-harm presentations. A target for the reduction of self-harm has been introduced and this conference is an important sign of our collective determination to work collaboratively, build best practice, guide good solutions and make a measureable difference in the incidence of this very worrying behaviour.

A big area of concentration has to be on the promotion of a positive mental health culture and a willingness to access help. Mental health is not a subject we have yet acquired the vocabulary or comfort level to deal with easily among friends or family or work colleagues. Recent campaigns like 'Let Someone Know', the national online campaign aimed at younger people is about the business of filling those evident gaps in ways that are meaningful, encouraging and non-judgmental. Our second level schools' more proactive engagement with issues to do with human

sexuality and in particular homosexuality holds a special key in this regard for we have to acknowledge that past unscientific and ignorant attitudes to homosexuality drove many young people into a place of appalling self-doubt and isolation making them as a group particularly vulnerable to suicidal behavior.

The mass of information gleaned from the Ryan and Murphy reports has shown us just how difficult it is to permeate in time, the hermetically sealed world of a frightened and bullied child where toxic experiences hollow out their self-confidence, doing horrendous damage in terms of mental ill-health, substance abuse and lives mired in underachievement. Greater scrutiny and accountability, greater preparedness and skills for all who engrave on our childrens' lives whether as parents, family members, teachers, professionals or community are all crucial to a growing culture of positive mental health.

Our Proclamation of 1916 pledges each one of us to create a republic which cherishes its children equally and so when we gather at this conference to debate self-harming behavior it is with a profound sense of responsibility towards those of our citizens, who whether as children or adults fall through life's many

gaps and traps into that chaotic world where self-harm becomes a fact of their lives and an often furtive way of life.

You are people who have chosen to stand in those gaps – as bridges, as safety nets, as guides, as sources of hope and the task you have undertaken is so large that it needs a lot of people to commit to the work, all working fluently across a range of areas to promote positive mental health and turn the tide of self-harm leading to suicide. Initiatives like the ‘Media Guidelines for Reporting Suicide and Self-Harm’ and ‘The National Stigma Reduction Campaign’ have highlighted the power of language in suicide prevention whether it is in increased sensitivity in media reporting of suicide and self-harm or breaking down the stigma and discrimination associated with mental health problems or ending the callous stereotypes applied to certain groups because of their colour, religion, ethnicity, disability, sexuality, gender. Greater understanding of the power of language to mess up lives is crucial.

You’ve already heard some very valuable contributions here today from researchers, service providers and service users. I particularly want to acknowledge

and thank those who spoke about their personal experiences. It's far from easy to get up in front of an audience and speak about the most painful and private experiences from your own life but by speaking so openly and courageously, you have made an enormous contribution to our understanding and to designing supports and help for others. I hope you know how valuable, welcome, weighty and respected your contribution is.

The tag-line for this conference is "sometimes we all hurt – but help is there." Thank you for being there and thank you for doing your level best to ensure that those contemplating or engaging in self-harm are challenged by the realisation that their behavior is not set in stone, that there is help available and that if they have the courage to access that help there is a good chance they will be introduced to personal coping skills and resources they never thought they had and which will transform their lives from hurt to help, from dark to light. I hope you have gained much from today's proceeding and wish you well as you return renewed and revitalised to your life-enhancing work. Is iontach an obair atá ar siúl agaibh 's go raibh míle maith agaibh go léir.

President.ie. (2019). Remarks by President Mary McAleese at The Irish Association of Suicidology's 14th Annual Conference. | President of Ireland. [online]

Appendix 4 President Michael D. Higgins Speech

President Michael D. Higgins Speech at the Irish Association of Suicidology 19th Annual Conference Killashee House Hotel, Naas, Co. Kildare, 8th October 2015.

Tá áthas orm a bheith anseo tráthnóna chun comhdháil bhliantúil an Chumann Éireannach um Eolaíocht an Fhéinmharaithe, eagraíocht a bhfuilim i mo phatrún uirthí, a oscailt go hoifigiúil. Is mian liom mo bhuíochas ghabháil leis an Dr. John Connolly as ucht a chuiridh caoin, agus libhse ar fad as ucht na fíorchaoín fáilte sin.

[I am delighted to be here this afternoon to officially open the annual conference of the Irish Suicidology Association, an organisation of which I am Patron. May I thank Dr John Connolly for his kind invitation and all of you for that generous welcome.]

We must all recognise by now that there are very few communities in Ireland who have been spared the sadness and pain that surrounds suicide. The devastating consequences of suicide have touched the lives of many families and individuals, who have been left

behind to struggle with the bewilderment, sorrow and profound loss that can overwhelm suicide survivors as they try to come to terms with the tragic death of a loved one.

The statistics in Ireland, and indeed globally, are sobering and worrying. Approximately one million people around the world commit suicide each year, a figure greater than the combined numbers of people who die by homicide and war. In Ireland, 554 people took their own lives in 2014. It is also reasonable to conjecture that, when under reporting of suicide is taken into account, that figure could be even greater-far exceeding the number of people who die annually on our roads.

These are figures that must concern us all, not just to health professionals and policy makers, and those directly affected by suicide; but all those who value or aspire to help in creating a cohesive society, all those who wish to play their role in shaping a national community, one that cares about and cherishes all of its citizens - especially at times of crisis.

It is critical that we strive to understand, address and give a policy response to the complex and multifaceted

problem that is suicide:

the overwhelming despair that leads so many of our citizens, particularly our young people, to take their own lives;

the uniquely painful legacy that a suicide victim leaves behind to loved ones;

the supports those loved ones need as they come to terms with their heartbreaking loss; and,

critically, how to prevent the many tragic suicides, recorded and hidden, that occur in our society each year.

If the structure of the problem is complex, its component parts, the inputs to the problem can be addressed directly and indirectly.

Suicide is a complex matter to understand – one that is impossible to ascribe to a fixed set of biological, psychological, social or cultural factors. It is one of the oldest areas of sociological investigation where Emile Durkheim drew a distinction between the rate and the incidence of suicide. The rate being influenced by issues such as the threat of descent into poverty

through unemployment, we should also accept the influence of mediating circumstances like alcohol abuse, and of external pressures such as intolerance of sexual differences and bullying.

We have been slow in recognising the destructive consequences of many of these factors, but in recent times, we have thankfully come to be better educated about suicide and its causes and consequences. Much work has been done to remove the stigma and shame that so often surrounds a death by suicide.

We still, however, have much ground to cover, and conferences like this are important in fostering open and wide ranging discussion on a matter which has for too long been confined, and delegated inappropriately, to the privacy of family mourning.

Depression, which can be rooted in many causes, has been identified as one of the main factors leading to suicide. There is also, we know, a strong association between economic factors and the rate of suicidal behaviour. We cannot disengage the rise in suicides in recent years from the environment of anxiety, fear and despair which grew out of our serious economic crisis.

We know, for instance that The Young Men and Suicide Project reported a causal link between rising unemployment and higher levels of alcohol consumption and increased suicide mortality among younger males. We also know that, when and for whatever reason, our response to fiscal features is to cut or reduce public services, it is those who are already vulnerable living on the fringes of society and excluded through homelessness, addiction or poverty, who suffer most and become most at risk.

Prof. Michael Cronin in a chapter in a recent book “Ireland under Austerity” deals with the issues of suicide, violence and austerity. He quotes the All Ireland Young Men and Suicide Project; which shows that for the age group 15-24 suicide a major cause of death, the report also shows the rate for young men is 5 times more than for females.

The impact of suicide on our young generation is very serious. Peer loyalty and the pressure to conform, under a battery of pressures including commercial pressure, ignorance and the violence sourced in it means suicide risk, especially pronounced among teenagers, can be another source of malaise feeding into suicidal dispositions. The focus on the specific problem of suicide

amongst young people, which will be the theme of several of the talks and discussions that will take place here over the next two days, is a welcome one.

In 2012 the Irish Medical Journal reported that, in the previous twenty years, there had been a 16 per cent increase in the rate of suicide in Irish teens under the age of 17.

Last year a report by the European Child Safety Alliance showed that the suicide rate among girls in Ireland is almost two and a half times the EU average while the male youth rate is twice the EU average. It was also reported during that year that almost half the people seeking help from crisis centres for the prevention of self-harm and suicide were under 18 – and one in five were aged 14 or younger.

These are deeply worrying statistics, which cannot fail to cause us, as a society, considerable disquiet. As President of Ireland, I cannot imagine any issue of more serious concern or one that demands more urgent action.

It is critical that young people suffering from depression, or a sense of disengagement from peers or

family, or the many other social stresses that lead them down the despairing road to suicide are not deterred from seeking help by feelings of shame or fear of being stigmatised. We must ask how our institutional provision is structured, resourced and made friendly and receptive to these needs.

It is also important that we enable those interacting with young people to have the skills, recognise the signs and indicators when a young person is struggling with suicidal feelings and intervene as quickly as possible. It is our duty, as citizens and members of a community, to safeguard our young people and to be aware of the factors that can put them at risk of taking their own lives. As a society, we must work together to tackle the destructive and damaging pressures which cause so much harm to the mental wellbeing of our young people. Included in these pressures must be the demands of any elements to insatiable consumption, heavily marketed and resourced. This is an area where national health policy should strive to put limits in place.

In an increasingly technological age this must also include strategies to deal with those who abuse modern technology in order to carry out sustained and vicious

bullying campaigns with, in many cases, serious or fatal consequences.

I read last week the results of a survey which showed that one in four Irish teenagers have been victims of cyber bullying, compared to one in five teenagers across the other ten countries which took part in the same survey.

This is a serious and disturbing finding, highlighting one of the many issues that must be addressed in this country if we are to eradicate bullying from our schools, our workplaces and our communities. We should not simply aspire to eliminate bullying from all these settings. We must end it. No more than erasing gender violence, we must do it now.

Suicide prevention concerns us all and requires a comprehensive and joined up approach, involving all relevant Government Departments, agencies and stakeholders. The new National Suicide Prevention Strategy, which aims to reduce suicides by 10 per cent by the year 2020, recognises this need and aims to create connections between the appropriate services. While this is a commendable objective which will allow for co-ordinated and effective action as our

society addresses the myriad and complex factors which influence suicidal behaviour, no more than eliminating gender violence, we do not have to wait to act on suicide prevention, on facing up to the factors that feed into the rate and the incidence of suicide.

The title of the strategy ‘Connecting for Life’ reminds us that the answers to addressing suicide do not lie exclusively with health care professionals, politicians or researchers. Each one of us has a role to play in building communities that are inclusive and, while of course compassionate, recognise the importance of self-worth in all our citizens; in facilitating a national conversation which will enable us, as a society, to develop and nurture a culture in which people in distress are encouraged to belong, a culture that embraces difference, non-conformity and the contribution of each of its citizens. I do agree with those who call for an end to individualising and psychologistic reductions in explanation. The sources are not confined to the person. They are in the assumptions of society.

That is why conferences such as this one are important, playing a significant role in encouraging a continued conversation on the issues of suicide and its prevention.

Your programme is a wide ranging one, covering areas such as the identification of at risk individuals in our schools, the dangers of internet bullying, supports for those who have been bereaved through suicide, and intervention strategies for 3rd level students who are experiencing suicidal feelings.

These two days are a valuable and inspiring coming together of a wealth of expertise and areas of interest in a generous sharing of wisdom and experience. I have no doubt that your discussions here will be fruitful ones which will play an important role in our ongoing battle to reduce the number of suicides which take place in Ireland each year.

Mar fhocal scoir, is mian liom sibh a mholadh agus mo bhuíochas a ghabháil libh arís as cuireadh a thabhairt dom bheith anseo libh, agus guím gach rath ar bhur gcomhdháil. [May I conclude by commending you all and thanking you once again for inviting me here today. I wish you a successful conference.]

Higgins, President Michael D. (2015) Remarks by President Michael D. Higgins at The Irish Association of Suicidology's 19th Annual Conference | President of Ireland. [online]

On 1st July 1993, President Mary Robinson signed into law the Criminal Law (Suicide) Act 1993. This decriminalised suicide in Ireland and was a successful result of a three year campaign led by Senator Dan Neville of Limerick. In 1996 psychiatrists, Dr. John Connolly and Dr Michael Kelleher with Senator Neville founded the Irish Association of Suicidology (IAS).

This publication outlines the context in which the organisation was formed, articulating the objectives, vision and mission of the Irish Association of Suicidology. Describing the policy, research and practice achievements from 1996-2018 offers the reader an understanding of the journey of the Association throughout its tenure and captures the remarkable influence of the IAS on suicide prevention activities in Ireland and internationally.



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